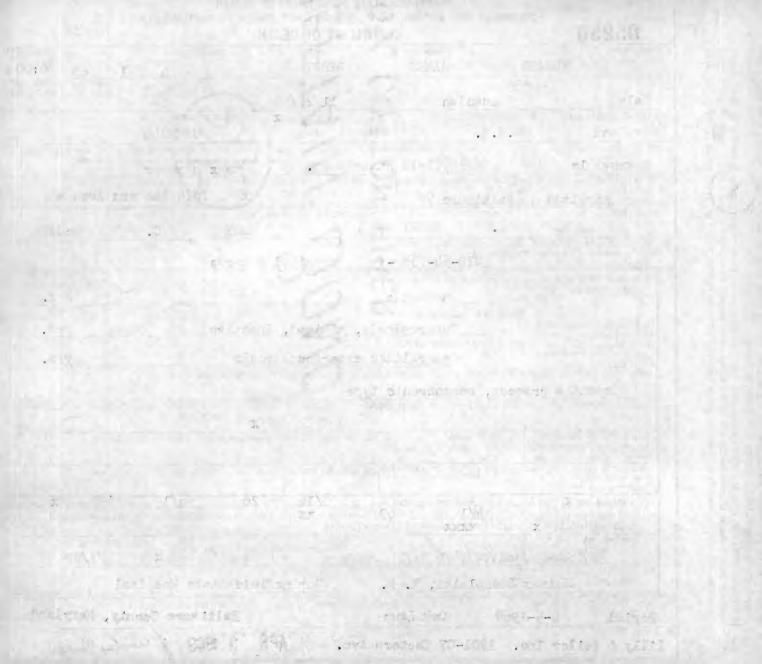
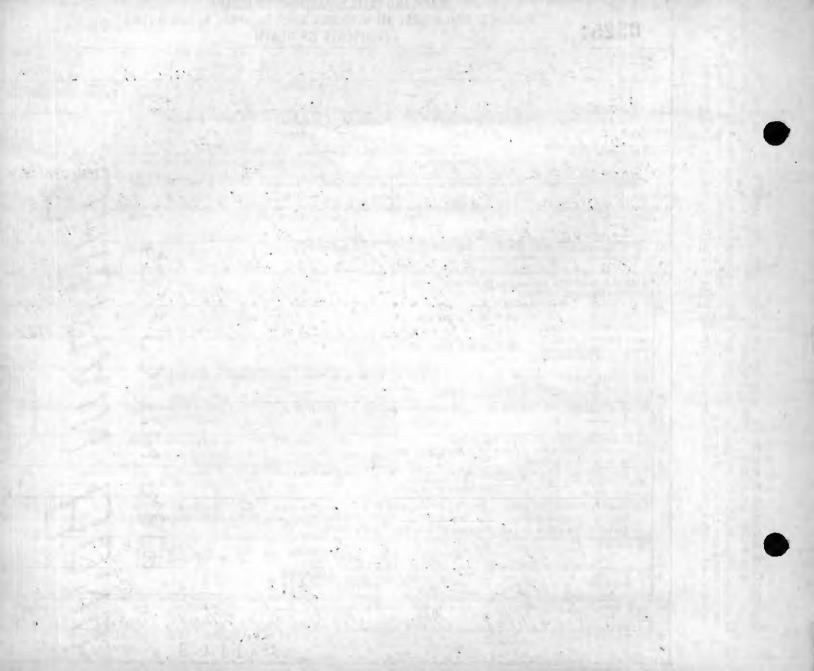
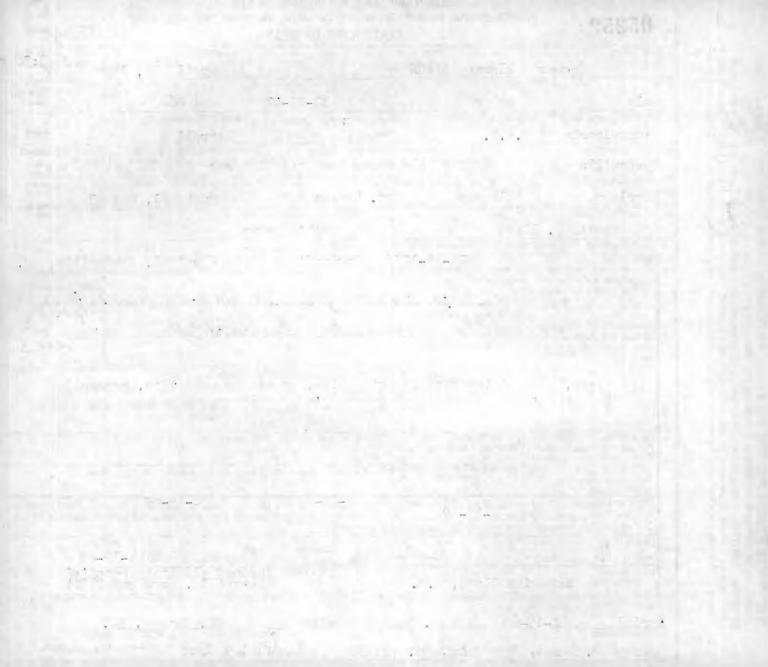
MAKYLAND STATE DEPARTMENT OF HEALTH



		MARYLAND STATE DEPARTMENT OF HEALTH
5	1	05251 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
death.	and 2 death.	1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type or print) George / FENRY BIACK IT RP2/L B 1969 9:5A M
rs after	in by the funeral ps. Pages 1 and 2 the gafter death.	3. SEX 4. RACE 4. RACE 5. DATE OF BIRTH MAY 2. 1912 6. AGE (In years FUNDER 1 YEAR 1F UNDER 24 HRS. 16 UNDER 1 YEAR 1F UNDER 24 HRS. 16 UNDER 1 YEAR 17 UNDER 24 HRS. 18 UNDER 1 YEAR 19 UNDER 1 YEAR 18 UNDER 1 YEAR 18 UNDER 1 YEAR 18 UNDER 1 YEAR 18 UNDER 1 YEAR 19 UNDER 1 YEAR 18 UNDE
A hau	filled in b papers. hin 72 ho	76. BIRTHPLACE (Stote or foreign country) 77 A R 1 A WIDOWED DIVORCED 09. COUNTY OF DEATH WIDOWED DIVORCED 09. COUNTY OF DEATH WIDOWED DIVORCED 09. COUNTY OF DEATH
Within 24 haurs after death	ely filled in ban papers.	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.) 13. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.)
16	10 To 10	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13k. CITY OR TOWN admission) STATE of 13b. COUNTY world Whatches to YES NOTE Rott, TBalto Pike
e be ex	an and ase rem	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Lost Virginia Middle Niyers
rtificat	phyliciden plec aval, ar	16b. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address Plack Marchestus Nd. 17. INFORMANT Address Marchestus Nd. 17. INFORMANT Address Marchestus Nd. 17. INFORMANT Address Marchestus Nd. 18. Address Mar
death ce	physician. signed by the attending physician and completely filler burial-transit permit. Then please remave carban par burial, crematian, ar remaval, and in any event, within	18. CAUSE OF DEATH (Enfer only one cause per line for (a), (b)) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) APPROXIMATE INTERVAL BITWEEN OBSET AND DEATH Sucklemby
hat the	oy the a ansit pe rematial	Conditions, if only, which gave DUE TO, OR AS A CONSEQUENCE OF (b) OVO WAY TEASOF DISEASE Teh 1967 Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
quires	physicia signed t burial-tr burial, c	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exepated	Page 4 may be retained by the haspital ar attending 5 FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CIAN: I	oital ar o tificate h d far use af Health	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY ORACONIRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year
PHYS	the has this cer detache e Dept.	While Not while at wark at wark at wark
TENDING	Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us should be filed with the State Dept. af Healt	22a. I certify that (I) (this haspital) attended the deceased from \$\frac{1}{2} - \frac{1}{2} - \fra
OR AT	be retai DIRECTO ye 3 sho led with	226. SIGNATURE 226. SIGNATURE AFTENDING DIEGREE PHYS. MED. DIRECTOR STAFF 22c. DATE SIGNED 14/8/69
SPITAL	4 may NERAL tar, pagalid be fil	122d. PHYSICIANYS SeeplE Bush NO HAMPSTEAD Many land
10 HO	To Ful direc	230. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Topy) (Stope) (County) (Stope) (County) (Stope) (County) (Stope) (County) (Stope) (County) (County) (Stope) (County) (C
	VR A15 (4) 30M REV. 1788	When W. Kennorther Johnson Lenna DATAPR 1 4 1969 Jeliantes Judges



2 1	05252 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	05243
after death. Funeral ges I and 2 after death.	1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH (Type ar print) Homer Alonzo BLACK April Menth 19, 1969	2b. HQUR
rs after t fu eges I	male white 11-23-02 (ast birthday) YRS. MON	INDER I YEAR IF UNDER 24 HRS. THIS DAYS HOURS MIN.
d re by	70. BIRTHPLACE (Stote or foreign country) Pennsylvania 75. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 75. COUNTY OF DEATH Carroll	Md.
ord completely fill remove carbon particular completely fill remove carbon particular completely fill carbon within	Sykesville Springrield State Hospital Uning Table 1 (1). NAME OF HOSPITAL OR INSTITUTION (If not in haspited 120. USUAL OCCUPATION (Kind of work done 1). Sykesville Springrield State Hospital Uning Table 1 (1). Every in a fretired.)	2b. KIND OF BUSINESS OR NDUSTRY
complete over care	130. USUAL RESIDENCE (Where deceased lived/if institution: Residence before deceased lived/if institution: Residence deceased lived/if institution: R	83
puo de se composito de ex	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Newton S. Black Rettie Parks	Last
physician physician nen pleas	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no, or unknown) (If yes give wor or dotes of service) 215-10-1278 17. INFORMANT Records Address Springfield State Hospital, Sykes	sville, Md.
quires that the death c physician. signed by the attending burial-transit permit. The	While Not while Conce surprise, etc.	mos. or years senile DERED IN CERTIFYING
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. af Health priar ta	22a. I certify that (I) (this haspital) attended the deceased fram 7-25-67, 19, ta 4-19-69, 19 saw the deceased alive an 4-19-69 19, and that in (my) (aur) apinian death accurred an the date a causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE 22c. DATE 22c. DATE 22c. DATE 22d. PHYSICIAN'S NAME (Type) Antonius Glahn, M.D. 22e. ADDRESS Springfield State Hosp Sykesville, Maryland	SIGNED -69
TO HOS Page AND	REMOVAL Specify) Birrial 4-19-69 St. George Cemetery Mt. Savage, Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	ounty) (Stote)

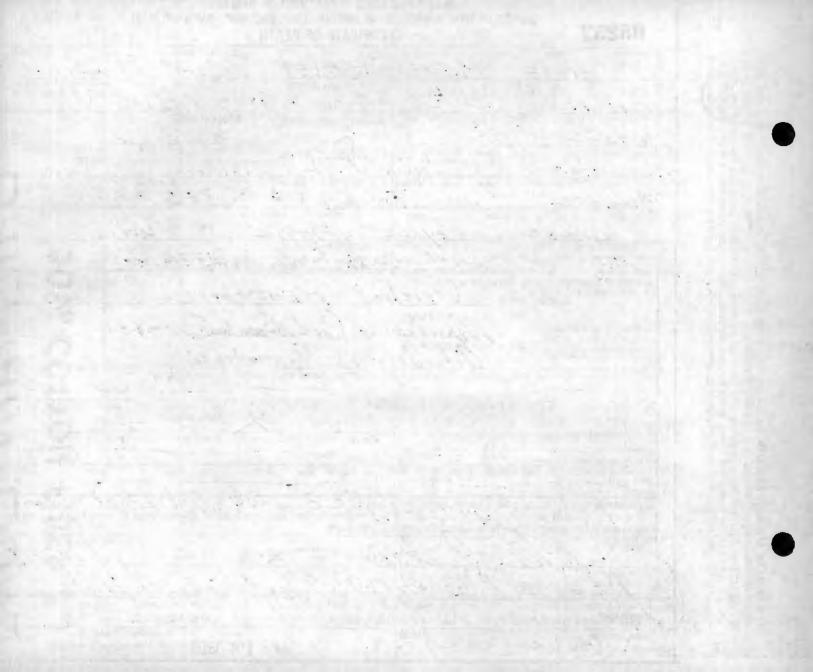


MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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			115253		CERTIFICATE OF DEATH		
÷	12 -4 1.		ECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b, HOUR
death	and	1	Type or print) F/10	E MARIE	BOSLEY	On ri Month	Day Year 11P M
	學之意	3. 5	EX 7	4. RACE	S. DATE OF BIRTH	6. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
SOI	₹ 8 °		temale.	While	JAN 17, 1		YRS. MONTHS DATS HOURS MIN.
וממו	A S	70.	BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
24	papers. pin 72 h	1	MARYLONG	Elsa,	WIDOWED DIVORCED	Carroll	Md
within 24 haurs after		10.	CITY OR TOWN OF DEATH	UIAG ZLIGEL ODDLEZZ No	STITUTION (If not in hospital) 12a. US	WAL OCCUPATION (Kind of work d most of working life, eyen if retir	one 12b. KIND OF BUSINESS OR ed.) INDUSTRY-
×	viet w 70	L	larchester.	128m MA	in Street b	tousewife	Home
ted	mpletely e carbar	13a.	USUAL RESIDENCE (Where decease	ad lived, if institution: Residence before	VICENTE VICENTE		4/
Xe ku	S VO	-	FATHER'S WAME First	Middle Lost	15. MOTHER'S MAIDEN NAME	1.10	
8		14.	PAIRIER S PIAME FIRST	Middle Lost	11	0	le Lost
0	sicion please I, and i	160	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 186. SOCIAC SECURITY	NO. 17. INFORMANT	Addre	1 9 m/ 3
that the death certifical an.				ar or dates of service) 2/3-0√-12		1.1/2-0	Perstation MD
Cer	한 등		1B. CAUSE OF DEATH (Enter onl	y ane cause per line for (a), (b), and (c)	11 11	1	APPROXIMATE INTERVAL BETWEEN, ONSET AND DEATH
BOT	attendir ermit. nn, ar re		PART I. DEATH WAS CAUSED IMMEDIA	TE CAUSE (0)	bral HEMO	rrhege	Ihour
b a	attendi permit. an, ar r		4122	DUE TO, OR AS A CONSEQUENCE OF	. 010		
=	by the ransit remat		Conditions, if any, which gave)	(b) / Typexter	rsice (andiollas	sculars) Iseas	10
t B	by tran		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	/ / /	1	
JI'res	rial		lost.	(1) Urturio-		alled	
requ	Sign of D		PART 2. OTHER SIGNIFICANT CON	DILIONS CONTRIBUTING TO DEATH BUT IN	OT RELATED TO THE TERMINAL DISEASE OF	RCONDITION GIVEN IN PART I(0)	
₹ E	the or t	TION	19a. DATE OF OPERATION 19b. (CONDITION FOR WHICH OPERATION WAS P	RFORMED 2Do. AUTOPSY?	20h IE YES WERE FINDI	NGS CONSIDERED IN CERTIFYING
The latter	has as	TIFICATION			YES NO	CAUSES OF DEATH?	
z b	cate ar u Heali	LCERT	210. ACCIDENT WAS UNDERLYIN			ter nature of injury in Part 1 or Pa	rt 2, Item 1B.)
CLA	£	Sign	OR CONTRIBUTING CAUSE OF BEATI		9		
HYS	his cert etached Dept. a	2	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY,) 21f. LOCATION Street or R.F.D. N	Na. City or Town	County State
5 e	det de D	Н	at wark at wark	-	010	10 11	
N A	Affer be Sta	П	22a. I certify that (I) (thi	s hospital) attended the deceas	ed fram <i>VOT</i> 8 , 19 19 £ £, and that in (my) (our) o	60, to 14pril 14	, 19 <u>68</u> , that (I) (we) last
IEN Ded	# # e	1	causes stated abave	, (I) (we) (did) (did not) view the	body after death.	pillian deam occurred an in	e date and navi and trant the
AT	5 4 E	П	27b. SIGNATURE	10/1101	ATTENDING	MED CTACE	221- DATE SIGNED
S 9	ed v	1/	Viahi/	Dust 1	DEGREE PHYS.	DIRECTOR PHYS.	Mrs 14.1969
TAL	Poe fil	X	22d. PHYSICIAN'S NAME (Type)	OF A. Buch	22e. ADDRESS	101-1 mi	0 1
Page 4 may	FUNERAL director, pos should be fi	-	1000	Joh M. WUST	- Jase	sucas, ma	yearen
O HO	O FUNE director should	230.	BURIAL, CREMATION, 23b. C		CEMETERY OR CREMATORY ant Grove	Boring Ma	(County) (State)
7	5 Pag	24.	.,,,,,	. ,	2		RAR'S SIGNATURE
	30M REV. 1/68	-	J. F. Eline & S	ons Reisterstown	, Md. DAPR		arles Judge



23c. NAME OF CEMETERY OR CREMATORY

Linganore Cemetery
ADDRESS | 250. REC'D

23d. LOCATION (City or Town)

25a. REC'D BY REGISTRAR

(County)

Unionville, Frederick, Md,

(State)

VR A15 (4) 30M REV, 1/68 23g. BURIAL CREMATION.

24. FUNERAL DIRECTOR

REMOVAL (Specify)

23b. DATE

Waltz, Box 241, Sykesville, Md.

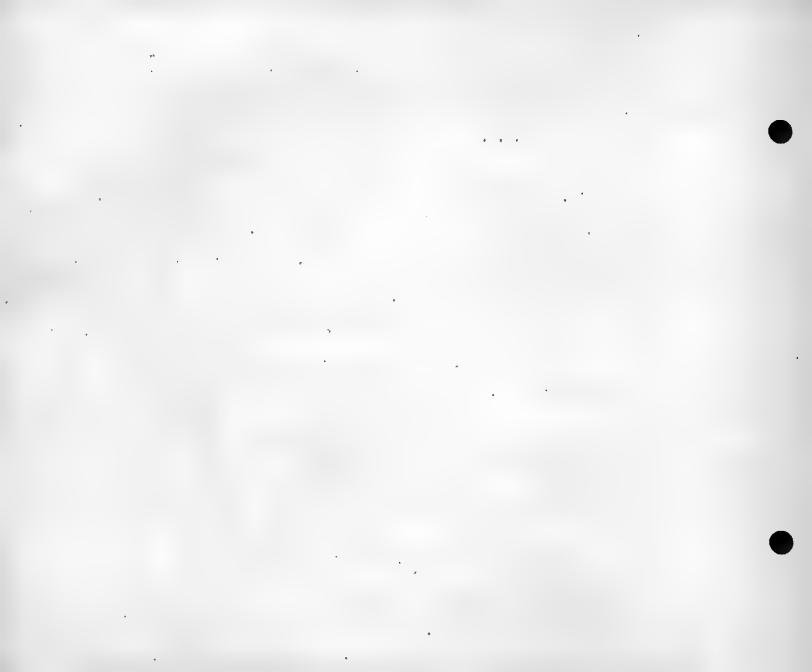
X 1	ı	05255 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	It	tem6 FilmG411 4/21/69 kk CERTIFICATE OF DEATH	5246
r death. bnerol 1 and 2		DECEASED NAME (Type or print) Ned CADLE BROOKS 20. DATE OF DEATH	2b. HOUR
offer of the control	3. 9	SEX Male white SDATE OF BIRTH 6 AGE (In years last bringly) 18 OTRS	1F JNDER I YEAR IF LINDER 24 HRS MONTHS DAYS HOURS MIN
A hour	70. cou	BIRTHPLACE (Stote or foreign of the country) / SSOU? / CLIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED CAR ROLL	Md
within 2 within 2 within 2		Sykes viree oddress) 11. NAME OF HOSPITAL OR INST TUTION (If not in hospitor during most of working life, even of retired) Spains field to spital of the land of the seven of retired)	126 KIND OF BUSINESS OR INDUSTRY VEWS
be executed within	130 odn	o. USUAL RESIDENCE (Where deceosed lived. f institution: Residence before 13c. CITY OR TOWN 13d ASDECTIVE UNITS 13e STREET AND NUMBER 13SION) STATE MORY COULD 13b COUNTY MORY GOING CHRY CHRY CHRY CHRICE YES NO 12 10 3 Office)	1
ond on S	L	FATHERS NAME First Middle B. USAOOKS IS MOTHERS MAIDEN NAME First Middle	Cocole
physician physician nen please	160	No. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 1. Yes give wor or dates al service) STROTALS 9 Ho. rpikal 2003 dr	
equires that the death c physicion. signed by the attending burial-transit permit. The burral, cremation, or rem	DICAL CERTIFICATION		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physicion. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the page 1.	MED	2 d Milury OCCURRED While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from saw the deceased alive on 1960, and that in (pay) (our) opinion death occurred on the decases stated above, (1) (we) (did) (did not) view the body ofter death	County State 1 that (W (we) last atte and hour and fram the DATE SIGNED 13-1969 Fact
20	C	BURIAL, CREMATION, 236 DATE 23C. NAME OF CEMETERY OR CREMATORY 23d LOCATION (Cty or Town) REMOVAL (Specify) ON 4/4/69 BEDMR HILL CREM. SUITLAW FUNERAL DIRECTOR ADDRESS 141/6 M 1250 REC D BY REGISTRAR 25b, REG STRARS	(County) (State)
VR A15 45M - 1269	50	OS GAWLER'S SONS 5130 WISS, AVE, N. WAS RESISTANT OF RESISTANT APR 1 5 1969 GUARD	to Judge



* 1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
200 02425		05256 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0504
FOR STATE		MEDICAL LAAMMER'S CERTIFICATE OF DEATH	05247
HEALTH DEPT.	1 (Type or Print) (OF FSTI A // -	Day Year 26 HOVE
is of age	\vdash	LESLIE JENNINGS UKOWN DEATH MATED	1907 PM
any delay is 2, and 3 to n PM3. Page	3 5	MALE WHITE IRAL & 1000 of birthday) MONTHS DAYS HOURS MIN Month // Day /S	Year /C 2d HOUR
2,23	<u> </u>	BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	1907 M
- E - O		MARYLAND U.S.a. WIDOWED DIVORCED CARROLL CO	Md
Pages ith for	10	CITY OR TOWN OF DEATH II NAME OF HOSP-TAL OR INSTITUTION (If not in hospita 12a USUAL OCCUPATION (Kind of work done I	126 KIND OF BUSINESS OR
thin 24 hours after death and in Item 18. Give Pages 1, gener's Office along with form pages land 2 with the State De hours after death	1/1	NESTMINSTER give street oddress) 105 E. MAIN ST. CHAPPENTED 1	INDUSTRY
s after 18. Giv alang t with 1		USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CTY OR TOWN 3d. MISDE CITY IN 159 13e STREET AND NUMBER	
24 haurs a in Item 18. r's Office al as land 2 w	0	INDUSTRIA MARYLAND COUNTY CARROLL WESTMINSTER YES ON O PEAR 105 E	MAIN ST.
hours Item 13 Office Jand2	14. 1	FATHER'S NAME First Middle Lost IS MOTHER'S MA DEN NAME First Middle	Lost
24 ris (_	11/2/01 3-11/00 DAUNIN 11/1/1/1/	PENCER
be executed within 24 haurs "pending" at pencil in Item 1 nief Medical Exogener's Office and posit permit Eur pages land 2 event within 72 haurs after d		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS REAL YES, no. of Linkapown) 17 INFORMANT ADDRESS REAL YES, no. of Linkapown) 18 yes give way or datased service) 2/6-01-9982 MPS DORIS H BPOWN WF. CTO	, IOSE MAINST.
THE EN		18. N. W. W. III 216-01-9982 MPS DORIS H. BROWN WESTIN	INSTERMA
ing #secuted secuted secuted within		18 CAUSE OF DEATH (Enter only one cause per line to-(o) (b), and (c)) PART I DEATH WAS CAUSED BY	BETWEEN ONSETAND DEATH
xecute nding: Medical Mermit permit		.MMEDIATE CAUSE (o)	Suddon
f M f wit best feath		Conditions, it ony, which gave	
d the Chie		rise to immediate cause (a). (b)	
should be exe ne word "pend a the Chief Me burial-transit pe		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
he ta t ta t din		(c)	1
This certificate should be execute cate, writing the word "pending" be farwarded ta the Chief Medical be used as a burial-transit permit ar remaval, and in any event with	_	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certif arwar used maval	TION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his cate, yee far be us	CERTIFICATION	WAS PERFORMED?	YES NO
# <u>P</u> 9		21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Itel PRIMARY OR CONTRIBUTING HOUR A.M.	ım 18.)
NER: Ti certifice hauld by iles. shauld l	DCAL	CAUSE OF DEATH P.M. 19	
he he sh mat mat	WED	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, particular of factory, affice building, etc.)	County State
tCAL EXAMINER: execute the certifor. Page 4 shauld at far yaur files. CTOR: Page 3 shau burial, crematian		WHILE AT WORK AT WORK	
CAL E execu- ior. Paj ed for CTOR: [burial,		220 I certify that I took charge of the remains described above, held an Autopsy 🔲, inspection 🔀, inquiry 🔲	ond in my opinton
olease et director. et ained DIRECTO pur to burn to bu		death resulted from. Notural couses 📉, Agusent 🗌, Suicide 🗍, Hamicide 🔲, Undefermined monner [
olease edirector director etained DIRECT or to bu		CHIEF MEDICAL EXAMINER	
		SIGNATURE CHECK SIGNATURE CONTROL 226 DATES	IGNED CAG
		EXAMINER'S DEPLIY MEDICAL EXAMINER	-13 -17
ro DEPUTY necessary, p the funeral 5 may be r 10 FUNERAL Health price	-	NAME (Type) Aquestistes Michaelia Collections	elle arrolf
5 5 H	230	PERMOVAL (Snorty)	(County) (County)
_	24		SIGNATURE
VR A15ME (5)		J'S myro, J. Westnimber Md. 2115 JAPR 2 1 1969 Licearlas	· Verdall -
10M REV 1768 💜	4	The state of the s	1

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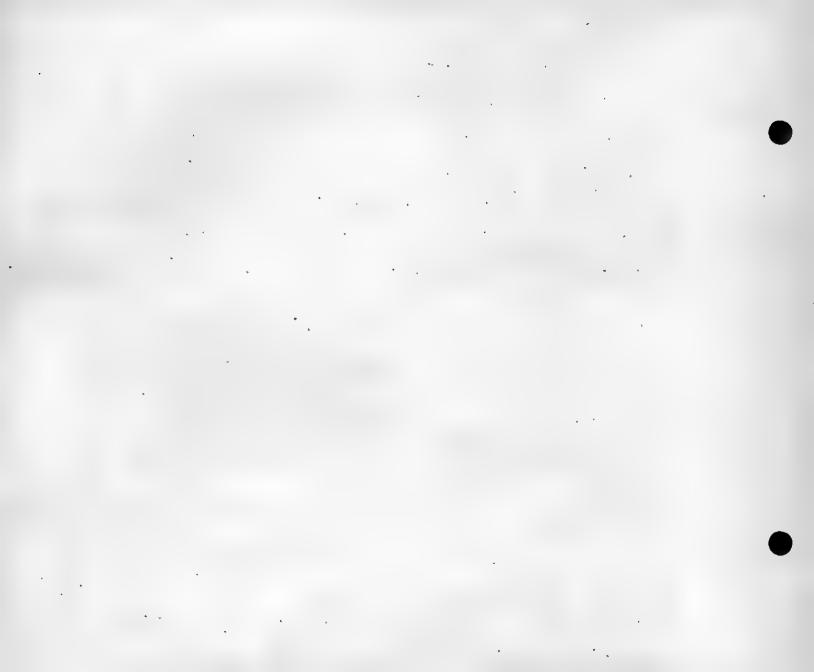
7	1	MARYLAND STATE DEPARTMENT OF HEALTH	OFF
FOR CTATE		05257 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	05248
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1, 0	PECEASED NAME First Maddle Last 2a DATE KNOWN Man	th Day Year 2b HOUR
Poge Poge		DAKE DUICHANAN DEATH MATED 4	- 24 1964 BM
S A A	3 5	Male White 3-13-10 ARE S DATE OF BIRTH 6 AGE (n years f white DAYS MOURS Min Month 4 Day March 15 DAYS MOURS Min Month 4 Day March 26 AGE (n years f white DAYS MOURS Min Month 4 Day March 27 DAYS Mours Min Month 4 Day March 28 DAYS Mours Min Month 4 Day March 29 DAYS Mours Min Month 4 Day March 29 DAYS Mours Min Month 4 Day March 20 DAYS Mours Mours Mours Mours Mours Mours Mours March 20 DAYS Mours Mou	24 Year 1969 25 HOUR
	70.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
ifter death Give Pages 1 long with form ith the State D ath.	(O)r	Wirginia U.S.A. WIDOWED □ DIVORCED □ Carroll	Md.
Sto	10. (DIY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in bosnital 112a USUA) OF CUPATION (Kind of work don	e 12b. KIND OF BUSINESS OR INDUSTRY
Fer deoth Give Pog ng with in the Sto h the Sto		kesville , Springileid State none	J IMDUSTRT
hours after death Hem 18 Give Pages 1, Office along with form 1 and 2 with the State Di after death.		DODAL KESIDENCE (Where deceased lived, it institution: Residence before) ISC CITT OK TOWN 130 MINUS. 136 SIKEEL AND NUMBER	St., Baltimore
24 hours of the north of the no	14 (FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle	Lost
4 4 0 10 0		Andrew G. Buchanan Carrie M. Taylor	
pog nine hou		WAS DECEASED EVER IN U.S. ARMED FORCES? (es. no. or unknown) (H yes give wor or dotes at service) (16b. SOCIAL SECURITY NO. Records, Springfield State Hos	spital, Sykesvil
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ould be executed word "pending" in the Chief Medical Erial-transit permit. Fiany event within		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Heart failure	days or wks.
We We		423X DUE TO, OR AS A CONSEQUENCE OF	120,000 111,000
be exe "pendi" nief Me ansit pe		(onditions, if any, which gave) (b) old myocardial infarction	vears
word word the Ch rial-tra	1	rise to immediate cause (a) (DUE TO, OR AS A CONSEQUENCE OF	months or
		(d) adhesive constrictive pericarditis	vears
a ± ~ □		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBLE NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
s certificate s, writing th farworded to used as a l emoval, and]_	Epileptic psychosis.	
is certific te, writin farword e used ar	A B	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20 AUTOPSY7
This certificate, writh the force of fo	CERTIFICATION	WAS PERFORMED?	YES NO
	MEDICAL CES	21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P.M. 19 21c. HOW INJURY OCCURRED (Enter nature of in Jry in Part 1 or Part 2 P.M. 19	f, Item 18)
ICAL EXAMINER: execute the certifor. Page 4 should ed for your files. CTOR: Page 3 should burial, gremation.	WED	21d INJURY OCCURRED 21e, PLACE OF INJURY (At hame farm, street, 21f, COCATION Street or R.F.D. Na City or Town	County State
EXAM ute th uge 4 your your Poge		WHILE NOT WHILE of factory, affice building, etc.)	
Fogor)	1	22a. I certify that I took charge of the remains described above, held an Autopsy 📉 Inspection 🔲, Inquity	, and in my opinion
CAL 1 exector. Posed for Posed for CTOR:	1	death resulted from. Hatural causes . Accident . Suicide . Hamicide . Undetermined manni	
pleose e l director retoined . DIRECTO or to bu		CHIEL MEDICAL EXAMINER	_
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ATE SIGNED
		EXAMINER'S DEPUTY MEDICAL EXAMINER	4-24-69
TO DEPL necessor the fun 5 may 10 FUNE Health		NAME (Type) ADDRESSTITED CITED OF SOUTH OF SOUT	in The Gurall
5 5 ± 25 ±	230	BUR AL (REMAT ON) REMOVACISPECTRY) 23b DATE 23c NAME OF CEMETERY OF CREMATORY COLINGID, MED SHOUL CATION (City or Town)	(County) (State)
75	24	ELINERAL DIRECTORY ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRA	
VR ATSME (ST	1		inter fredor
		4 - 7 - 114	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05258 05250 CERTIFICATE OF DEATH Last in by the funeral irs. Pages I and 2 Ahours after death DECEASED-NAME Eirst Middle 2n. DATE OF DEATH 2b. HOUR be executed within 24 hours after death May (Type or print) Coulbourn 69 S. DATE OF BIRTH 3. SEX AGE (In years IF UNDER 1 YEAR last birthday) Female. HOURS Sept. 14,1887 7a, BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED J. NEVER MARRIED country) Maryland papers. campletely filled in arroll DIVORCED [TO, CITY OR TOWN OF DEATH burial, cremation, ar remaval, and in any event, within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY OME Westninister remave carbon 13c, CITY OR TOWN 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e STREET AND NUMBER admission) STATE Maruland 13b COUNTY arroll Finksburg Middle Last 15. MOTHER'S MAIDEN NAME First Middle harles H. Mary Wilson Certificante 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, Afronknawn) (II yes give war or dates of service) 220.12.8748 attending priys Thomas Coulbourn 1119 Daniels A 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) requires that the death permit. signed by the burial-transit p Canditians, if any, which gave rise to immediate cause (a), DUE TO OR AS A CONSEQUENCE O stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to b Page 4 may be retained by the haspital or attending has been detached for use as the te Dept. of Health prior to 19a DATE OF OPERATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO F this certificate 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) directar, page 3 should be detached should be filed with the State Dept. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, SYREET, FACTORY) 21f LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from least 1965, ta coursed and the date and haur and from the saw the deceased alive an area and haur and from the TO FUNERAL DIRECTOR: After saw the deceased alive ancauses stated abave, (1) (we) (did) (did not) view the bady after death. 226. SIGNATURE 22c DATE SIGNED 22e. ADDRESS 22d. PHYSIC.ANS NAME (Type) 23d LOCATION (City or Town) 23b DATE (State) 23a. BUR AL, CREMATION REMOVAL (Specty) ADDRESS Park Baltimore Stansbury 6411 Windson Mill Rd. Whenley Ordat.



			MARTLAND STATE DEPARTMENT OF REALTH	
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5			CERTIFICATE OF DEATH	
	ر 2 ج	1 DE	CEASED-NAME / First Middle Lost 20 DATE OF DEATH	2b. HOUR
	death and 2 death	(1	YPE OF TO DAVHOFF APRIMONTH Day	169/0 8154
		3 SE	1/1/2/2//	OER I YEAR OF UNDER 24 HRS.
	of the state of th	اء د	COLA COLA COLA COLA COLA COLA COLA COLA	
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	100 Jan 196	Za B	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED 9. COUNTY OF DEATH	
	are be executed within 24 hours after death kind and ampletely filled in by the liveral lease remaye carban papers. Pages 1 and and in any event, within 72 hours after death		MARYLAND U.S. WIDOWED DIVORCED CARROLL	Md
	ille pag	10 0	ITY OR TOWN OF DEATH IN NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12)	b. KIND OF BUSINESS OR
	# 7-8 ¥	17	NION TOWN give stree oddress AL dythograps of working life, every feliced of All	DUSTRY ME
	d w	13a.	USJAL RESIDENCE (Where deceosed lived at institution Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIM 152 13e STREET AND NUMBER	9 10.1 13
	The end of	odmi	FIGHLESPORT AND 13 SOUNTY DALL / ALLANTAMIN YES NOW VIDAL	
	y v v	14	ATHER'S NAME First Middle Lost I.S. MOTHER'S MAIDEN NAME First, Middle	Lost
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	d as a	14	DENTAMIN DAYHOFF LAURH MAGEE	
	Per St.		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Addingss es, not of Jaknawn) 1 1/2/1999 genymar or digital of service) 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	111
	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death in hospital ar attending physician his certificate has been signed by the attending physician and campletely filled in by the intervent his certificate has been signed by the attending physician and campletely filled in by the intervent between the burial-transit permit. Then please remave carban papers, Proges I and Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death	<u> </u>	YES WYV I AVD-1200 DEBOKAH D. DAYHOFF CANICA	ICWA 1010
	8 PE E	П	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	he death attendir permit. Itan, ar re		PART I DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (0)	
	de utte		DUE TO, OR AS A CONSEQUENCE OF	
	the of the other	П	Canditions, if any, which gove)	
	y #	Н	rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF	
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	The law requires that the death ce attending physician has been signed by the attending se os the burial-transit permit. The priarta burial, crematian, ar rem		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
	Paris de la	ш	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE DECOMPTION GIVEN IN PART 1(6)	~
	ow reading ding seen the the trial	8		
	PHYSICIAN: The law re e hospital ar attending his certificate has been stached for use os the Dept. of Health priar ta	F.CAT.ON	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSID	ERED IN CERTIFYING
	The aff	CERT F.	2 / Change - Con M. Land IB NOT	
	are cate		21g ACCIDENT WAS UNDERLYING 21g TIME OF INJURY 21g TIME OF INJURY 21g HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 1	18.)
	音楽学	MEDICAL	(If either, notify medical examiner) P.M. 19	
	MYSI Cer Che Pt.	뜋		unty State
	G PHYSICIAN: The hospital ar at this certificate ho detached for use the Dept. of Health	П	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT MOME, FARM, STREET, FACTORY) AT MOME, FARM, STREET, FACTORY OFFICE BUILDING ETC. 21f. LOCATION Street or R.F.D. No. City or Town Could be to work OFFICE BUILDING ETC.	
	DING by the After the be de State		22a Legitive that (1) (this haspital) attended the deceased from 77 - 7, 19 - 7, ta 4 - 27 - 19 - 7	_, that (I) (we) last
	44 de se	ш	saw the deceased glive an 3-25-19-59, and that in (my) four) apprian death accurred an the date of	nd haur and fram the
	a Signature	H	causes stated abave, (I) (1006) (di d n at) view the bady after death.	
	内部に会議	ш	22b. SIGNATURE ATTENDING MED STAFF 22c DATE STAFF	SIGNED
	98 28 28 28 28 28 28 28 28 28 28 28 28 28	ш	20 - C Semille Med DEGREE PHYS. DIRECTOR DIRECTOR PHYS	29-69
	A 60 0 /	Ш	22d PHYSICIANS 1 44 2 2 4 1 4 1 1 2 2 ADDRESS	5 1 1
	PIT mc ERA	Н	NAME (Type) W= CSENNETTE MY. 103 E Mam Cliston	uph the
	ON O	23e	BURIAL, CREMATION, 23b-BATE 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (Co	ounty) (Stote)
	Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be defached for use os the shauld be filed with the State Dept. of Health priar ta	þ	(REMOVALISOPORTY) 13-2-1469 JULIERER AND (FUL) / ALIANITIMO AL	NID
		12	FUNERAL DIRECTOR ADDRESS 250 REGISTRAR GO 256 REGISTRAR'S SIGNA	ATAIRE
	VR A15 (4)	1	11) Line to 18 2 1 1 1969 Street 1969 Street 1969	Jucks .
	3	M	W. TYWING COLON / JEWILLN DOUCK / DI VAIE	0 0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05260 05252 CERTIFICATE OF DEATH 1. DECEASED NAME First Lost 20. DATE OF DEATH 2b. HOUR bours after death. 72 hours after death. (Type or print) BESSIE EBBERT CATHERINE 3. SEX 4. RACE S. DATE OF BIRTH IF JINGER 1 YEAR AGE (in years last birthaay) ĐẠÝS HOURS SEPT 23 YRS 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED Dopers DIVORCED [WIDOWED IN 24 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USDAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress) during most of working life, even it retired) INDUSTRY EXEEPER OWN 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LUMITS? 13e. STREET AND NUMBER director, page 3 shauld be detached far use as the burial-transit permit. Then please remave dar shauld be filed with the State Dept. af Health prior ta burial, crematian, ar remaval, and in any everk 13b. COUNTY BROADW 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Last RICKETTS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no. or unknown) (If yes give war at dates of service) UNION BRIDGE APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEAT DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) nse to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying couses PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO -TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CALSE OF OFATH HOUR A.M. Month Day Year 21d. INJURY OCCURRED (AT HOME, FARM STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21e PLACE OF INJURY State City or Town County While Not while at wark 220. I certify that (I) (this haspital) attended the deceased fram... saw the deceased olive an _____3/3//49___19____. _, and that in (my) (opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** STAFF DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) OBERTSO 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BUR AL, CREMAT ON, 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) FUNERAL DIRECTOR **ADDRESS** 25g REC'D BY REGISTRAR DATE APR 1969



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05254 05262 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remove carbon papers Pages and 2 burial-transit permit. requires that the death certificate be executed within 24 hours after death (Type or print) Month 19600 6:40m April 4 RACE 6. AGE (In years IF KINDER 24 HRS 3. SEX S DATE OF BIRTH FUNDER LYFAR MONTHS I HOURS lost birthdoy) 7o. BIRTHPLACE (Stote or foreign 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TO NEVER MARRIED country) DIVORCED [ARROLL WIDOWED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress! INDUSTRY during most of working life, even if retired.) HOUSEREEPER OWN 130 JSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13c CITY OR TOWN 13d INSIDE CITY SIMITS? odmussion) STATE 13b. COUNTY/ -YES 📈 NO [and in any 1S. MOTHER S MAIDEN NAME First 14. FATHER S NAME Middle Fost Middle FOGL 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 216-30-3607 FLORA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Atherosclerotic Heart Disease 6 weeks DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Page 4 may be retained by the hospital ar attending physician. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Hypertensive cardiovascular disease as the IN FUNERAL DIRECTOR: After this certificate has been 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO 🗀 far use 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 216. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year be detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No Stote City or Town County While Not while at work at work 22a | certify that (I) (this haspital) attended the deceased from Sept. 12 19.64, to now saw the deceased alive an April 3 1969, and that in (my) (%) apinion death accurrecauses stated abave, (I) (%) (did) (3.64e) view the bady after death. _1969__, and that in (my) (%) apinion death accurred an the date and haur and from the director, page 3 should should be filed with the 22b SIGNATURE 22c. DATE SIGNED MED. DIRECTOR STAFF PHYS. TX. A pril 5, 1969 M . . D DEGREE 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) Union Bridge, Maryland 21791 J. H. Caricofe. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE (County) (Stote) 23o BURIAL CREMATION REMOVAL (Specify) UNION DRID FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1768





MARTLAND STATE DEPARTMENT OF HEALTH



			MARY	LAND STATE D	EPARTMENT OF I	HEALTH	
		05265	DIVISION OF VITAL RECOR			MORE, MARYLAND 2120	05257
1				CERTIFICA	TE OF DEATH		00001
4		CEASED NAME Firs			Lost	2g. DATE OF DEATH Month	Doy Year 25
1	L.	<u> </u>	IVER R.		RRISON		8 1969 5 AM
	3 SE		4. RACE	1	DATE OF BIRTH	6 AGE (In years last birthday)	IF UNDER YEAR IF UNDER 24 HRS MONTHS DAYS HOURS M.N.
		Male	White		an. 16,18		YR5.
	7a. B caun	BIRTHPLACE (Stote or foreign Maryland	75. CITIZEN OF WHAT COUNTRY?	WIDOWED 2	NEVER MARRIED []	9. COUNTY OF DEATH Carroll	
ı	10 C	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL O		,	At OCCUPATION (Kind of work d	ane 125 KIND OF BUSINESS OR
ı		Mt. Airy	give street address)	Main St.	Iduring m	ast af warking life, even if retir tired—Farmer	ed 1 INDUSTRY
1	13o.	USUAL RESIDENCE (Where deced	ased lived of institution. Residence he	fore 13c CITY OR TO	DWN 136, INSIDE CITY 1	MITS? 13e STREET AND NUMBER	R
,	_	ssion) Maryland	13b COUNTE arroll	Mt.	ATT.A	°□ 507 N. Ma	in St.
ı	14, F	ATHER'S NAME First			MOTHER S MA. DEN NAME I		
I	160	Nimro o			ORMANT	Sally	Watkins
١	100. Y	ez' uo' et nukuomu) (II Aez Bine				Addre	•
I					rley W. H	arrison sam	e As #13.
П		PART I, DEATH WAS CAUS	anly one cause per line for (a), (b), an	id (t).)	1. / 1.	1. 7:	BETWEEN ONSET AND DEATH
		. IMMED	DIATE CAUSE (o)		+16 (3x010	038 CA19 ME 1/13 500	ise Zoyears
		Conditions, if only, which gave	DUE TO, OR AS A CONSEQUENC	E OF			
		rise to immediate couse (a),). (D)	T OF			
		stating the underlying couse last.	(c)	L OF			
		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO T	HE TERMINAL DISEASE OR (CONDITION GIVEN IN PART I(a)	
	2						
,	CERT FICATION	190. DATE OF OPERATION 196	L CONDITION FOR WHICH OPERATION W	AS PERFORMED	20a. AUTOPSY?		NGS CONSIDERED IN CERTIFYING
	H				YES NO	CAUSES OF DEATH?	
p.		21a. ACCIDENT WAS UNDERLY	TING 216 TIME OF INJURY		INJURY OCCURRED (Ente	r nature of injury in Part 1 ar Po	rt 2, Item 18.)
	MEDICAL	DR CONTRIBUTING CAUSE OF DE (If either, natify medical exam	miner) P.M.	19			
		21d INJURY OCCURRED 21d	B. PLACE OF INJURY (AT HOME, FARM STRI	ET, FACTORY) 211 LOCA	ATION Street or R.F.D. Na	. City or Town	Caunty State
		at work of work				_	
		22a. I certify that (I) (t	this haspital) attended the dec	reased from	195	20, to Agrail	, 19 <u>64</u> , that (I) (we) last e date and havr and fram the
		causes stated abov	ve, (i) (we) (did) (did nat) view	the body after de	mai in (my) (our) api ath.	inian aeath accurred an th	e aare and hour and tram the
		22b. SIGNATURE	200	,		IFD	22c. DATE SIGNED
/		wos	Cellecelle	DEGREE	ATTENDING D	MED STAFF DIRECTOR PHYS.	April 8, 1469
		22d PHYSICIAN'S	17	/	22e ADDRESS		1- 1
		NAME (Type)	1.B, C4/Well		960 801		iry Maryland
	230.			F OF CEMETERY OR CE		23d. LOCATION (City or Town)	(County) (State)
e _{le}			+/10/19 69 P	ine Grov	е	Mt. Airy,	Carroll, Md.
1	C.	FUNERAL DIRECTOR	Box 241. Syke	DRESS		Y REGISTRAR 2Sb. REGISTI	RAR S SIGNATURE
-9	VI	I'le Wich Lune	DUX /+I SVKE	SVILLA	MA. DEPR	1 11 1000 1777	

2 4 . +

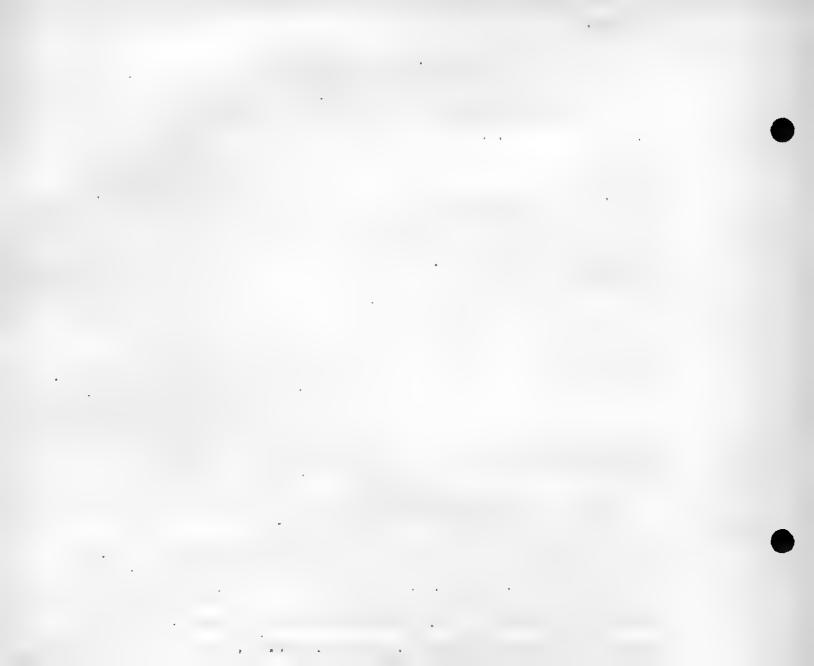
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05258 05266 CERTIFICATE OF DEATH I. DECEASED NAME Middle First Lost 2a. DATE OF DEATH ig physician and completely filled in by the funeral Then please remove carban papers. Pages 1 and 2 movol, and in any event, within 72 more after death. certificate be executed within 24 hours after death. 25 HOUR 2:00 (Type or print) Manth 7eor Emma Mae Hecker 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years F JNDER 1 YEAR IF JNDER 24 HRS last birthday) DAYS HÖLIRS Female Whi.te 04-1-87 88 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED [] NEVER MARRIED [Virginia WIDOWED IX Birth - U.S.A. DIVORCED Carroll 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired)
housewife INDUSTRY Sykesville Springfield State Hospital TO FUNERAL DIRECTOR: After this certificate has been signed by the swending physician and complete director, page 3 should be detached far use as the buriol-transit permit. Then please remove carb should lie filed with the State Dept of Health prior to buriol, cremohon-or removal, and in any event, 130 USUAL RESIDENCE (Where deceased hygd, if institution. Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? Baltimore Ci admissian) STATE YES X Balto 3510 Parklawn Ave. 14. FATHER S NAME First Middle 15 MOTHER'S MAIDEN NAME First Lost John Bosserman Katherine Hess 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ∆ddress Sykesville Yes, no. or unknown) (If yes give war or dates of service) unknown Records Springfield State Hospital no 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Perforation of left ventricular wall BETWEEN ONSET AND DEATH Minutes DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) (b) Acute myocardial infarction Day to week rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Day to week () Thrombosis of left coronary artery PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [YES TX 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAJSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State White Not while of work L 22a | certify that (1) (this hospital) attended the deceased from 11-20-62, 19 saw the deceased alive an 11-21-69 19 and that in (my) (aur) are to 4-24-69 ____, and that in (my) (aur) apinion deoth accurred on the date and hour and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after deoth. 22b. SIGNATURA 22c DATE SIGNED **ATTENDING** MED DIRECTOR STAFF PHYS PHYS 22d PHYSICIAN S Springfield State Hospital 22e ADDRESS Antonius Glahn .- M. D. Sykesville, Maryland 2178h 23a BURIAL, CREMAT ON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) HMOXAL (Specify) 4/28/69 Baltimore, Maryland Baltimore 24. FUNERAL DIRECTOR Leonard J Ruck Inc. Baltimore. Maryland DATE



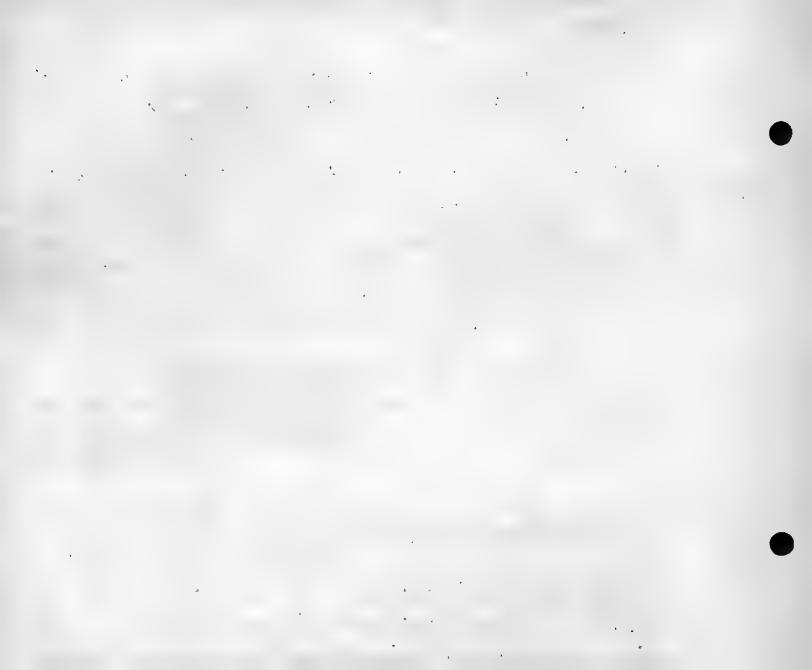
MAKTLAND STATE DEPAKTMENT OF HEALTH



MAKTLAND STATE DEPARTMENT OF HEALTH



			ND STATE DEPARTMENT			
	05269				05261	
(1	ype or print) Loui	M ddle	T Cost	20. DATE OF DEATH April 6. AGE	27 1969 12.0	15 P.M
7. /	Female	White	Nov. 5	1879 lost l	YRS. MONTHS DAYS HOURS	MIN,
cour	MARY hand	U.S.A.		i / / ,	11	Md
3	ykesville	give street address)	new Ave. 1	uring most of working life, eve 176 - 34 (4)	en if retired) INDUSTRY)R
odmi	ssion) STATE Md.	13b COUNTY Affici		100	ndirent Are	
	-TC/IN	Middle Eck	R1			
160. Y	WAS DECEASED EVER IN U.S. AR. es, no, or unknown) (If yes give	MED FORCES? wer or dates of service) 16b. SOCIAL SECURITY	1	A BULMAN	Sykesville, M.	d.
		D BY ATE CAUSE (0) CEREBRAL VA	SCULAR ACCIDENT	≈ -С В <u>А</u>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	L TH
	rise to immediate couse (a),	(b) Hypertensi	on, ASHD, Arter	iosclerosis, g	eneralized 1967	
	stating the underlying couse lost.				1969	
N	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PAI	RT 1(o)	
III FICATIO			YES 🗀	NO CAUSES OF DEA	ATH?	
	OR CONTRIBUTING CAUSE OF DEA	iner) HOUR A.M Month Day Yea	r 19		rt L or Port 2, Item 18)	
M	21d INJURY OCCURRED While Not while at work	PLACE OF INJURY (AT HOME FARM, STREET, F. OFFICE BUILDING, ETC.			, , , , , , , , , , , , , , , , , , ,	
	220. I certify that (I) (the saw the deceased courses stated above	nis hospitol) attended the decear alive on <u>April 27</u> e, (I) (we) (did) (did not) view the	sed from 1969, and thot in (my) (a bady ofter death.	, 19 <u>67</u> , ta <u>An</u> ur) opinion deoth occurre	ed an the date and hour and from) las n the
					22. DATE CIPMED	
	226 SIGNATURE	it EHall		MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED 4/28/69	
	22d. PHYSICIANS NAME (Type) HOW	A E Mall' ard E. Hall, II. D.	DEGREE PHYS : 22e. ADDRESS Syke	svi ļ le, Maryla	14/28/69 nd 21784	
Y	22d. PHYSICIANS NAME (Type) HOW	A E Mall' ard E. Hall, II. D.	DEGREE PHYS 22e. ADDRESS Syke.	sville, Maryla 23d LOCATION (Gry	14/28/69 nd 21784	
	10. C 130 odmin	1 DECEASED-NAME (Type or print) 3 SEX 70. BIRTHPLACE (Stote or foreign country) 10. CITY OR TOWN OF DEATH 5 Y Kesville 130 USJAL RESIDENCE (Where deceaded demission) 14. FATHERS NAME 160 WAS DECEASED EVER IN U.S. AR Yes, no, or unknown) 18. CAUSE OF DEATH (Enter openies to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CO 190. DATE OF OPERATION 190. DATE	To DECEASED-NAME (Type or print) To DECEASED FURTH To DEATH (The DEATH (Type or print) To DECEASED FURTH To DEATH (Type or print) To DECEASED FURTH IN U.S. ARMED FORCES? (Type or print) To US, A. To DECEASED FURTH IN U.S. ARMED FORCES? (Type or print) To DECEASED FURTH (Enter only one cause per line for (o), (b), ond (or part 1. Death was caused by IMMEDIATE CAUSE (o) CEREBRAL VAN (Due to immediate cause (o), stoting the underlying couse lost. To DUE TO, OR AS A CONSEQUENCE OR (o) Bronchial PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT (feither, notify medical examiner) To DUE TO, OR AS A CONSEQUENCE OR (o) Bronchial To DUE TO, OR AS A CONSEQUENCE OR (o) Bronchia	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, CERTIFICATE OF DEATH (Type or print) 1 DECEASED-NAME (Type or print) 2 DECEASED-NAME (Type or print) 3 SEX 4 RACE 5 DAJE OF BIRTH 70. BIRTHPLACE (Stote or foreign country) 70. BIRTHPLACE (Stote or foreign country) 70. BIRTHPLACE (Stote or foreign country) 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or six storing storing and storing stori	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAN CERTIFICATE OF DEATH 1 DECEASED-NAME (Type or print) A FIRST A RACE TO FFE RSON 3 SEX Female 70. BIRTHPLACE (Stote or foreign Country) THEY hand TO CITIZEN OF WHAT COUNTRY? U.S.A. 10. CITY OR TOWN OF DEATH SY KESVILLE 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol SY KESVILLE 120. USUAL OCCUPATION (Kind of during most of working life, even deceased lived, it institution Residence before 13c CITY OR TOWN 130. USUAL RESIDENCE (Where deceased lived, it institution Residence before 13c CITY OR TOWN 131. RESIDENCE (Where deceased lived, it institution Residence before 13c CITY OR TOWN 132. USUAL RESIDENCE (Where deceased lived, it institution Residence before 13c CITY OR TOWN 134. FATHERS NAME First Middle LC K L 155. MOTHER'S MAIDEN NAME First 166. SOCIAL SECURITY NO. 175. INFORMANT THEY WAS CAUSED BY A SHIP OF DEATH (If yes previous or defined a locuse) 185. CAUSE OF DEATH (Finiter only one couse per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY (Conditions, if any, which gove inse to immediate cause (a)) Stoting the underlying couse 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 210. ACCIDENT WAS UNDERLYING 210. CONCREDURING CAUSE OF DEATH HOUR AM Month Day Year 197. DATE OF OPERATION 198. CAUSES OF DEATH HOUR AM Month Day Year 199. DATE OF OPERATION 190. DATE OF OPERATION 190. CAUSES OF DEATH 190. DATE OF OPERATION 191. ONLY CURRED 191. NOTWING COURRED 192. DATE OF OPERATION 194. HOUR AM Month Day Year 194. HOUR AM Month Day Year 195. HOUR AM Month Day Year 196. SOCIAL SERVING COURRED 196. CONTRIBUTING COURRED 197. ONLY COURRED 198. CAUSES OF DEATH 199. DATE OF OPERATION 199. CAUSES OF DEATH 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CAUSES OF DEATH 190. DATE OF OPERATION 190. DATE OF OPERATION 190. DATE OF OPERATION 190. DATE OF OPERATION 190.	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH TO DEATH TO DEATH TO DEATH TO DEATH TO DEATH TO DO DEATH TO DEATH TO DO DEATH TO DEATH TO DO DEATH TO DO DEATH TO DO DEATH TO CHIEVE NO WITH COUNTRY? TO BIRMPRACE (Stote or foreign TO CHIEVE NO WHAT COUNTRY? TO BIRMPRACE (Stote or foreign TO CHIEVE NO WHAT COUNTRY? TO BIRMPRACE (Stote or foreign TO CHIEVE NO WHAT COUNTRY? TO BIRMPRACE (Stote or foreign TO CHIEVE NO WHAT COUNTRY? TO BIRMPRACE (Stote or foreign TO CHIEVE NO WHAT COUNTRY? TO BIRMPRACE (Stote or foreign TO CHIEVE NO WHAT COUNTRY? TO BIRMPRACE (Stote or foreign TO CHIEVE NO WHAT COUNTRY? TO BIRMPRACE (Stote or foreign TO CHIEVE NO WHAT COUNTRY? TO BIRMPRACE (Stote or foreign TO CHIEVE NO WHAT COUNTRY? TO BIRMPRACE (Stote or foreign TO CHIEVE NO WHAT COUNTRY? TO BIRMPRACE (Stote or foreign TO CHIEVE NO WHAT COUNTRY? TO BIRMPRACE (Stote or foreign TO CHIEVE NA WHAT COUNTRY? TO BIRMPRACE (Stote or foreign TO CHIEVE NA WORK WORK WORK WORK WORK WORK WORK WORK



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€ -Z-€		ECEASED-NAME First		Middle	-	Last	2a.	DATE OF DEATH		2b. HOUR p
er death. funerol 1 ond 2	1	lype or print) Jesse	Ja	mes	Jett			Month D	5 - 69	6:30 M
offer of fur	3. \$		4. RACE			5. DATE OF BIRTH		6 AGE (In years lost birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
\$ # \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Male		ite		3/27/1	900	69 YRS		HOOKS /HIN
一直 专人		BIRTHPLACE (State or Foreign	76 CITIZEN OF WHAT		8 MARRIED	NEVER MARRIED		JNTY OF DEATH		
P P P C	L.	Virginia	U.S.		W+DOWED		April 1	Carroll		Md
within 24 soon pope	10 (CITY OR TOWN OF DEATH	11 NAME	OF HOSPITAL OR IN	STITUTION (If n	ot in hospital	12a, USUAL OCC	UPATION (Kind of work done warking life even if retired.)	125 KIND OF INDUSTRY	BUSINESS OR
be executed within and completely fill and completely fill and sevent, with		Sykesville	l°S	pringfie	1d Sta	te Hosp.	Freig	warking life, even if retired.)		
cuted w	odm	USUAL RESIDENCE (Where deceo	sed lived, it institution:			YE	INSIDE CITY LIMITS?	13e. STREET AND NUMBER		
To ve	14	Maryland FATHER'S NAME First	Middle	Howard Lost	Ellic	ott City		Middle		Lest
ate be exection and control of co	14.	_				S. MOTHER S MAIDE			Ph. 111	rast
no se indirection	160	Carter WAS DECEASED EVER IN U.S. ARI	MED FORCES?	Jett b. social security	NO. 117.	INFORMANT	Camri	Address	<u>01Sn1</u>	livan_
iysica al, a	١	(es, no, or unknown) (If yes give t	une perdotes of service)	18-07-30		Hospital	Records		lle Md.	
ne death certificate be ex attending physician and permit. Then please readion, or removal, and in an	F	NO 18 CAUSE OF DEATH (Enter or				11441 7 A. U. C.			APPROXIM	MATE INTERVAL
orth it. Tree		PART I. DEATH WAS CAUSE	D BY. ATE CAUSE (a)	YC & CR	KRO	KI'A			OL ,	ISET AND DEATH
der offer on, o		4/2.2		-CONSEQUENCE OF		1		1		-
t the sit p		Canditians, if any, which gave	(b)	-06-((SES	TIDE	HEE	tes edico	ire h	mfly
that by 1 rans		rise to immediate couse (a), stating the underlying cause	1 /	CONSEQUENCE OF		1	\cap la	ISART DI	SEASE	40
res 7sicio ped ial. t		last	(c)	4 KISK	1050	-7500	116	H 246 DI	SEASE	Jan
equires that the physician. signed by the burial-transit it burial, cremati		PART 2. OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTION	G TO DEATH BUT N	OT RELATED TO	O THE TERMINAL DIS	SEASE OR CONDIT	ON GIVEN IN PART 1(0)		Ü
ow r ding een the	₹	19a DATE OF OPERATION 19b	CONDITION FOR WHICH	ODED LEVOLULES DE	DEADMED	OA ALIZABEVA		AND AT MES MARKE SHIPMING	CONCIDENCE IN CO	DZIEVANA
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Poge 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages, I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 12 has after death	CERTIFICATION	TYO DATE OF OPERATION TYO	CONDITION FOR MUICH	UPERATION WAS PE	KFUKMED	20a AUTOPSY?	, NO 🗀	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CO	KIIFFING
or o		210 ACCIDENT WAS UNDERLYI		LURY	21c H			e of injury in Port 1 or Part 2	, Item 18.)	
Figure 1	MEDICAL	GR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. I	Manth Day Year	9		· ·		,	
IYSI nosp cert cert ched pt. o	A SE	21d NILIPY OCCUPPED 12 a	PLACE OF INJURY (AT			OCATION Street or	R.F D. No.	City or Town	County	Stote
DING PHYS by the host filer this ce be deteche State Dept.		of work of work								
by the free per the control of the c		22o. I certify that 🔐 (the saw the deceased of	is hospital) attend	ded the deceos	ed from	3/12	, 19_65	to 128 1/51	9 <u>69</u> , that	(bc(we) last
R: A		causes stated abov	Rive on e (1) (we) (did) (di	d pot) view the	hady ofter	a that in (my) (death.	aur) opinian	death occurred on the c	late and havr	and from the
ATT ATT	1	220. SIGNATURE			224) 2			224	DATE SIGNED	7
OR De ra	\	Mari to	of yal	~, ~ ~	DEGI	1 (11 3)	MED DIRECTO	R STAFF	4/5/	69
AL DAG		22d PHYSICIAN'S NAME (Type) 572	CIL V	D Com	140	22e. ADDRESS	S			
A ranker, NER, Idb			10 K	1 4 11 10	,					
TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt	23a	BURIAL, CREMATION, 23b.	DATE /- /- /- /- /-	23c NAME OF	A	CREMATORY	23d	LOCATION (City or Town)	(County)	(Stote)
Λ .	24	EUNERAL DIRECTOR	-10-07	ADDRESS			D. RECD BY REG	STRAR 2Sb. REGISTRAR	S SIGNATURE	r rd
OM REV	1	EUNERAL DIRECTOR	ALK	2111	0/1/00	4	APR 1.4		Van Durche	e. 1
V v							11 15 45	F-104 1		



	MARYLAND STATE DEPARTMENT OF HEALTH
1	05271 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05263
- 1	CERTIFICATE OF DEATH
Ī	. DECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR.
	(Type or print) MARTIN JOSEPH KAVANAUCH IN APRIL DOY YEOR 8:15 M
ŀ	
	S. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years left wider 1 war in the left with the property of the pr
ŀ	7 103
	76. BIRTHPLACE (Stote or foreign 75. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH VIIIOWED DIVORCED 1. C. C. C. WIDOWED 1. C. C.
ŀ	O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 K ND OF BUSINESS OR
1	give street oddress) during most of working life, even if retired INDUSTRY
ŀ	30. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER
	ISB COUNTY CARROLL WESTMINGTONS NO TYRONE ROAD KNET
	4. FATHER'S NAME First Middle Lost Is MOTHER'S MAIDEN NAME First Middle Lost
	MADTIN I MOUDINING THE DODATHY HELDY
ŀ	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address 1/20 TO Address
	Yes, no, or unknown) (1 yes give wor or dates of service) MAOTIAL KALLANDISCHE CONTRINSTER
ŀ	APPROXIMATE INTERVAL
1	IB CAUSE OF DEATH (Enter only one couse per line for (o), (by, ond (c)) . PART I DEATH WAS CAUSED BY:
П	IMMEDIATE CAUSE (6) 17 26 ML CL Q SECONDALING NO CONVINSION CONTINUES
-1	Conditions, if any, which gove
-1	rise to Immediate couse (a). (b)
	stating the underlying couse Due TO, OR AS A CONSEQUENCE OF lost.
-1	
	121-11
1	190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOMSY? 200 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
1	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTONSY? YES 100 ACCIDENT WAS UNDERLYING 1216. THE OF INJURY 1216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
1	210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.)
1	Grecontributing Cause of Death HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FATORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
	While Not while T
1	al work of work
	220. I certify that (I) (this haspital) attended the deceased from 126, and that in (my) aur) opinion death acturred an the date and haur and from the
	saw the deceased alive an 18 19 7, and that in (my) your) opinion death acturred an the date and hour and from the couses stated oboye, (I) (we) (did) (did not) view the body after deoth.
	22t. DATE SIGNED
	DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRE
,	22d. PHYSICIAN'S 22e. ADDRESS 22e. ADDRESS
	NAME (Type) LEAN IF CORIFFIN RIDGEREAD WESTMINSTER, MD
	230. BURIA, CREMATION 23b. DATE, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
	BUNIAL 4/21/69 MEADOW BRANCH CAM. NESTMINISTERRA. MA
	24. FUNERAL DIRECTOR ADDRESS 250 REDUENTEENERS SUCHATURE
	4.2. myer, A. Mestmister mid DATE
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1			AN STATE DEPARTMENT OF		
	05272	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BAI	TIMORE, MARYLAND 21201	05264
ı	171760 0 Kg		CERTIFICATE OF DEATH		00003
T		rst Middle	Last	20. DATE OF DEATH	2b. HOUR
	(Type or print)			Month Day	Yeor
1	. SEX	1 A RACE	KOE S EE	APRIL 7	1969 1:40 A.M
		4. RACE	5. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	FEMALE	NEGRO	8-3-30	lost birthdoy)	
1/	o. BIRTHPLACE (State or fore gn	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	D.C	U-5_A.	WIDOWED DIVORCED	CARROLL	MY
Ī	D. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	ISTITUTION (If nat in hospital 120. US	UAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
4	YKESVILLE	give street address)	STATE HOSPITAL during	nast af warking life, even if retired)	INDUSTRY
10	3a JSUAL RESIDENCE (Where dec	eased lived, if institution: Residence befare	13c. CITY OR TOWN 13d INSIDE CITY		
a.	MARY LAND	13b. COUNTY		NO 831 CENTRAL A	VENUE
	4. FATHERS NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME		
					Lost
1	60 WAS DECEASED EVER IN U.S. I	D Erna RMED FORCES? 165 SOCIAL SECURITY			ROWNER
T'	Yes na, or unknown) (191993 gr	vé war or dates of service)		Address	
F	No	330-22-1		FIELD State HOSPI	
Г	18. CAUSE OF DEATH (Enter	anly ane couse per lipe far (a), (b), and (c)	.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
П	PART I DEATH WAS CAU	DIATE CAUSE (0) Wmm a	ry Interculose	, Far Advanced	40040
	11/2	DUE TO, OR AS A CONSEQUENCE OF		A c L Succ	1200
Ł	Canditions, if any, which gay	re)		ALTIM	
	rise to immediate couse (o	(b) DUE TO, OR AS A CONSEQUENCE OF			
н	stating the underlying cous	6)			
ı	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO STATE BUT A	OT BUILDING TO THE TERMINAL DISTANCE OF	CONTROL ON THE CONTRO	
1	THE Z OTHER SHORTHEART	ONDITIONS CONTRIBUTING TO DEATH BUT N	OT KECATED TO THE TERMINAL DISEASE OF	COMPATION GIVEN IN PART 1(c)	
3	In Date of Openation	to, well the		nla	
	19g. DATE OF OPERATION 15	CONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING
1			YES NO		
			21c HOW INJURY OCCURRED (Ent	er nature of injury in Part 1 or Part 2, It	tem 18.)
1	OR CONTRIBUTING CAUSE OF DE CA				
1		I e. PLACE OF INJURY (AT HOME, FARM, STREET, FA		o. City or Tawn	County State
	While Nat while at wark	OFFICE BOILDING, EIC	,		
		this hospital) ottended the deceos	ed from 7-12 - 68 19	, to 4-7-69, 19_	, that (I) (we) last
	saw the deceased	give on 4-7-64	9 ond that in (my) four) or	pinian deoth accurred on the dot	e and hour and from the
	causes stated abo	ve, (I) (we) (did) (did not) view the	bady ofter death.	The dollars of the dollars	o one noor one nom me
	22b SIGNATURE		, D	22c D	ATE SIGNED
1	ose	u. laguel J. N	DEGREE PHYS	MED. DIRECTOR PHYS PHYS	17/19
1	22d. PHYSICIAN'S	U U	22e. ADDRESS	1 2 2 2 3	7/10/
1	NAME(Type) Jose	A. Raquel J. M.D	- Mri	speld the	مرا
73	Ba BUR AL CREMATION. 238		CEMETERY OR CREMATORY	23d LOCATION (City operawn)	((a.mb/) ((State))
1	PETHOVAL ESTRECTURE	3cma 261 11-	CACVARI/ (but	Bulli	(Caunty) (State)
2	FUNERAL-DIRECTOR	ADDRESS		BY REGISTRAR 2Sb REGISTRARS	SIGNATURE
	& Prail	2.5100	/ /	007/20	red Jonesel
-	1207	o o o	DATE AP	K 1 4 1000	



- 1			DEPARTMENT OF HE		
	05273		301 W. PRESTON STREET, BALTIA ERTIFICATE OF DEATH	NUKE, MAKTLAND 21201	05265
	t. DECEASED-NAME First (Type or print) Rad:	Middle K	elbaugh	2a. DATE OF DEATH April Month 10, Day	1969 2b. Hour 10; 30
icon and completely filled in by the unlesse emove corbon papers. Pages on and in any event, with n 72 hours after	3 SEX Female	4. RACE White	Sept. 9, 187	73 AGE (In years last 98 hday) VRS.	IE UNDER 1 YEAR IE LINDER 24 HRS. MONTHS DAYS HOURS MIN
pers. P	rountry) Md.	USA	WIDOWED TO DIVORCED	Carroll	Mo
with 1	O CITY OR TOWN OF DEATH Silver Run	11. NAME OF HOSPITAL OR INSTI give street oddiess) Viet Meadow Viet	ITUTION (If not in haspital 12a USUAL doring Hone Hot	OCCUPATION (Kind of work done it of working life, even if retired)	12b KIND OF BUSINESS OR INDUSTRY
hen pleose remove cor roval, and in any event,	13a USUAL RESIDENCE (Where deceased odmissian) STATE Md.	LASK COUNTY	13c. CITY OR TOWN Upperco, Jalins of CITY LM YES NO		Rd.
7	14. FATHER'S NAME First Alexander	Middle Last Marsh		el Ann Osborn	Last
Val, or	Yes, no unknown) (It yes give wor	D FORCES? or dates of service) 16b SOCIAL SECURITY NO 217-54-982	6 Mrs. George (Address Upperco	, Md.
Dept. of Heolth prior to buriol, cremotion, or removal,	1B CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions if any, which gave rise to immediate cause (a), stating the underlying cause lost.		tim		BETWEEN ONSET AND DEATH IMOLITH SYEDIS
2	190. DATE OF OPERATION 196. CO	trutte a heranista	YES NO E	20b. IF YES, WERE FINDINGS CO	
	OR CONTRIBUTING CAUSE OF CEATH		2 C HOW INJURY OCCURRED (Enter r		
	While Nat wh.le 2 wark 220. I certify that (I) (this saw the deceased alive	hospital) attended the deceased	61_, and that in (my) (our) opini	ion deoth accurred on the dat	
64	22d PHYSIC AN'S NAME (Type) 230 BURIAL CREMATION 23b DA	te 11, 1969 23c NAME OF CE	22e. ADDRESS	23d LOCAT ON (City or Town) Upperco, Md.	(County) (State)
A15 145	24 FUNERAL DIRECTOR	ADDRESS uneral Home Hampst	2So REC'D BY	REGISTRAR 25b REGISTRARS	SIGNATURE



4		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		05274 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05266
HEALTH DEPT.		DECEASED NAME First O Modile Inst 22 DATE KNOWN TO Month Day Now 124 JOHN
N 5 10 10		Type or Print) JOHN RAYMOND KELLEY DEATH MATED 4-12 69
deloy	3. S	and humblery Months Days Months Bay
		lale White June 23,1891 77 yrs
1, 2 m Dep	7o caur	BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
for the		Maryland USA WIDOWED DIVORCED Carroll Md. 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a JSUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR
after death 8. Give Pages 1, alang with farm with the State De leath	10. (diseast address INDUSTRY
Give ng n	130.	WSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d MISDE CITY UM 157 13e STREET AND NUMBER
s after 18. Gindleng with death	a	dmission) Maryland 13b County Mt. Airy VES XX No 1 609 S. Main St.
Hera J Office Japan after a	_	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Lost
- # 50 J = 1		Jeremiah Franklin Kelley Margaret Burrall
within 24 haurs pencil in Hera I caminer's Office le pages Igad? 72 hours after c	16a /\	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS.
with pen xam xam	,,	(es, no, or unknown) (Hyss give was or dates of service) 214-03-5254 Mrs Sadje T. Kelley 609 S. Main St.
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at work at work 220. I certify that (1) (this hospital) ottended the deceased from 10-16-56, 19 to 2-22, 1969, that (1) (we) last saw the deceased above, (1) (we) (did) (not be caused stated above, (2) (we) (did) (not be caused stated above, (3) (we) (did) (not be caused stated above, (4) (we) (did) (not be caused stated above, (2) (we) (did) (not be caused stated above, (3) (we) (did) (not be caused stated above, (4) (we) (did) (not be caused stated stated stated above, (4) (we) (did) (not be caused stated st	OR CONTR (If either, 21d, INJUR	BUTING CAUSE OF DEATH notify medical examinary OCCURRED 21e	HOUR A.M. er) P.M.	Month Doy Year	9						· ·	Stote
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MAKTLAND STATE DEPARTMENT OF HEALTH





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Page Pring		PEMOVAL (Specify)	or. 5. 19	69 Luthe	ran Ce	metery	Te	neytown, Car	roll Co.	Md.
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MAKITAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05272 CERTIFICATE OF DEATH I. DECEASED NAME MiddleSaint Clare lost James sad complet by filled in by the syneral remove car on papers. Poget and 2 in ony event, within 72 hours after death. 2b. HOUR (Type or print) Month MILLER 3. SEX 4 RACE 5. DATE OF BIRTH AGE (in years, FUNDER 1 YEAR lost birthday DAYS HOURS in by 10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours. Page 4 may be retained by the hospital or ottending physician. 70 BIRTHPLACE (State or foreign 9. COUNTY OF BEATH 8. MARRIED THEVER MARRIED WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USJA, OCCUPAT ON (Kind of work done 2b KIND OF BUSINESS OR during most of working (femeyen if retired) 130. USCAL RESIDENCE (Where deceased lived, if institution Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 3e. STREET AND NUMBER 13b COUNTY odmission) STATE removol, and in ony 14 FATHERS NAME 15 MOTHER'S MAIDEN NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) (fiyes give war at dates of service) 1B. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c))
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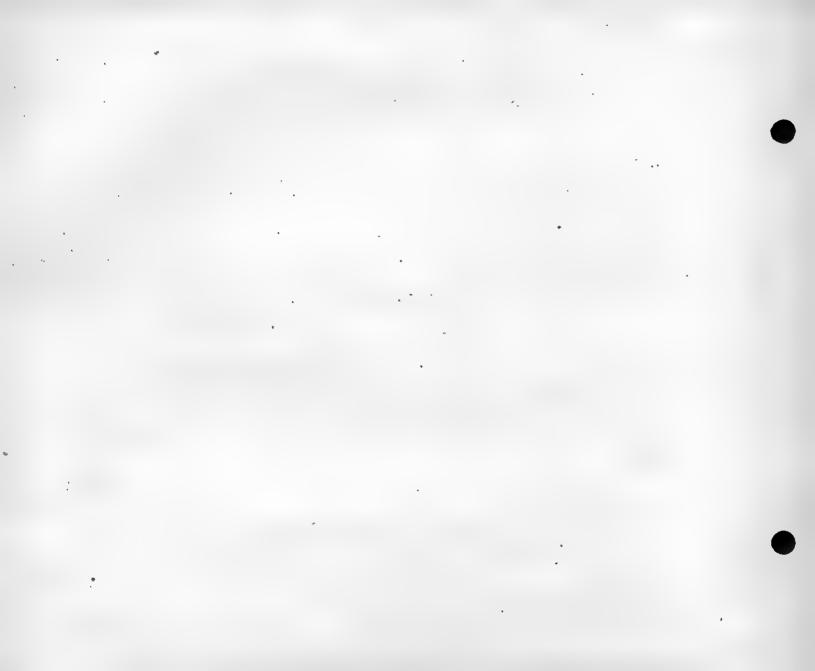
		MARYLAND STATE DEPARTMENT OF HEALTH
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D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour Page 4 may be retained by the hospital ar attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in be director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers should be filed with the State Dept. af Health prior to burial, cremation, or removal, and in any event, within 72 hours.	4	George Morath Lamanda Wildasin
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rent per per per per per per per per per per	F	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)), BETWEEN ONSET AND DEATH
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lay	, I 🖁	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
has se c	CERTIFICATION	YES NO CAUSES OF DEATH?
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YSI losp cer thec	墨	21d INJURY OCCURRED 21e, PLACE OF INJURY 1 AT HOME, FARM, STREET, FACTORY 1 21f. LOCATION Street or R.F.D. No. City or Town County State
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O Single		causes stated abave, (1)/(we) (aid) (did not) view the bady after death.
OR ATTENDING be retained by th SIRECTOR: After t e 3 should be de ed with the State	1	226. SIGNATURE 226. DATE SIGNED 226. DATE SIGNED
DIR be		Will hound MD. DEGREE ATTENDING DIRECTOR DIRECTOR DIRECTOR 1 5/14/69
TAI noy AI Poor		22d. PHYSICIAN'S NAME (Type) WHFOARD 2162.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. af Health prior to burial, cree	\vdash	
HO Bige hours	230	BURIAL (REMATION, 23b DATE 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) (State)
54.52		REMOVAL (Specify) April 16,1969 Lineboro Cemetery Lineboro, Carroll Md.
VR A15 (4)		FUNERAL DIRECTOR ADDRESS 250. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
30M REV VINE	n In	Fipton - Eline Funeral Home Hampstead, Md. PR 16 1969 Tollarles Judge.



MAKTLANU STAIL DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05274 CERTIFICATE OF DEATH 2g. DATE OF DEATH DECEASED-NAME executed within 24 haurs after death (Type or print) 3 SEX 6. AGE (In years last bitthgay YRS 9. COMMEY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? .⊑ WIDOWED X DIVORCED ar remayal, and in any event, within 72 11 NAME OF HOSPITAL OR INSTITUTION (If not in nospital 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY 14. FATHER'S NAME EORGE physician The law requires that the death certificate 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17_INFORMANT (If yes give varior dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY:
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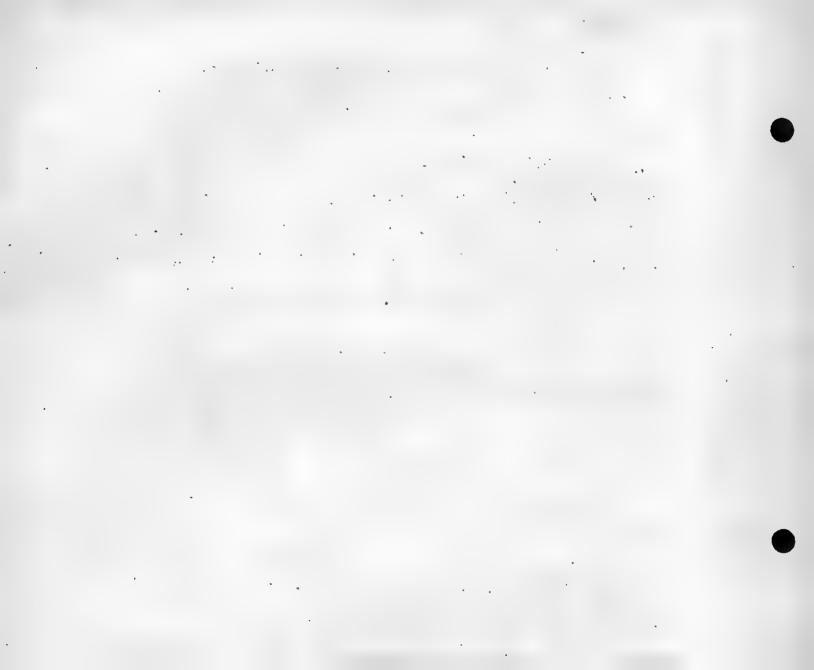


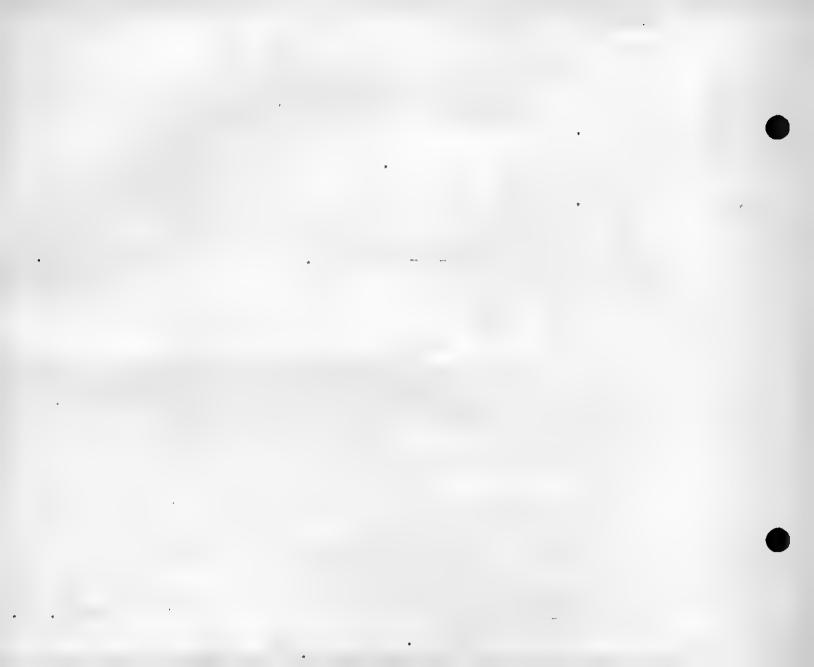
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05275 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME First 20 DATE KNOWN (Type or Print) ESTI-DEATH MATED DATE PRONOUNCED DEAD inst birthdov) P.M3. Day ルサノナゼ AN. 20 7a. BIRTHPLACE (State or foreign MARRIED ZINEVER MARRIED 9 COUNTY OF DEATH CARROLL WIDOWED [DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR INDUSTRY LIQUUR STORE 13a JSUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e STREET AND NUMBER M3b COUNTY A Middle 14. FATHER'S NAME in Item NEWMAN hours pencil 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (Yes, na, or unknown) MRS HELEN B, NEWMAN 18. CAUSE OF DEATH (Enter only one cause per line for 10) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (Q) DUE TO, OR AS A CONSEQUENCE OF Can'd t ans, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 nsed 19g. DATE OF OPERATION 195, CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? 21g EXTERNAL CAUSE WAS T ME OF INJURY Manth, Day, Year ò phonts PRIMARY TO OR CONTRIBUTING 21d INJURY OCCURRED 2 e PLACE OF INJURY (At name, farm, street AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autapsy Inspection X Inquiry [ond in my opinion Suicide X Hamicide | death resulted from: Notural couses \Accident Undefermined manner S STANT MEDICAL EXAMINER the funeral 5 may b O FUNER Health **EXAMINER'S** ADD RISSIC FOR TOWN OF NAME (Type) BUR AL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) (County) REMOVAL (Specify CEM. 24 FUNERAL DIRECTOR VR A15ME (5)



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		MARYLAND STATE DEPARTMENT OF		
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05231 05289 CERTIFICATE OF DEATH Middle death. DECEASED-NAME First Lost 24 hours after death. Sensency Sensence fumeral i puo (Type or print) Month Effia Ray b by the furner. Poges 1 3. SEX 6 AGE (In years 4 RACE S. DATE OF BIRTH SE UNDER 1 YEAR IF LINCER 24 HRS last birthday) MONTHS HOURS White Female October 23,1874 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign B. MARRIED TO NEVER MARRIED 9 COUNTY OF DEATH (country) Maryland U.S.A. WIDOWED DIVORCED [Carroll 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR PHYSICIAN: The law requires that the death certificate be executed within during most of working life, even if retired)
Housewife give street address) Own Home Union Bridge commercial corber 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) STATE Waryland 13c CITY OR TOWN 138 INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Carroll rembye Route # Union Bridge signed by the attending physicion and ke burial-tronsit permit. Then please rembe burial, cremation, or removol, ond in ony 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle the attending physicion and sit permit. Then please rem Pfoutz Elizabeth Manassa Renp 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no. or unknown) (If yes give war or dates of service) Mr. Marshall Senseney, Union Bridge, Md. None 18. CAUSE OF DEATH (Enter any one cause per inc ter (a) (b), and (c).)
PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND OFATI CORS DEROSCLORDIC IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF be retained by the hospitol ar ottending physicion. stating the underlying couse PART 2- OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) os the I prior to b Page 4 may be retained by the hospitol ar ottending TO FUNERAL DIRECTOR: After this certificate hos been PROBRO CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES I NO F director, page 3 should be detached for use should be filed with the State Dept. of Health. 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) THOR CONTRIBUTING THE CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street of R.F.D. No. State City or Town County While Not while at work TO HOSPITAL OR ATTENDING 22a. I certify that (I) (this haspital) attended the deceased from 19 , to 19 , to 19 , that (I) (um) last saw the deceased alive an 19 , 19 , and that in (my) (ear) apinian death accurred an the date and haur and from the causes stated above, (1) (me) (did) (did not) view the bady after death 22b. SIGNATURE ATTENDING STAFF DEGREE PHYS DIRECTOR PHYS. PHYSICIAN S NAME (Type) 22e, ADDRESS 22d. J.H.Caricofe Union Bridge, Maryland 797 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Uniontown. Carroll 1969 Pipe Creek Cemetery 2Sb. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR VR A15V4 Milanelas Judan C.O.Fuss Son Taneytown, Maryland 30M REV.



		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
•		05280 CERTIFICATE OF DEATH 05282	
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MAKTLAND STATE DEPARTMENT OF HEALTH

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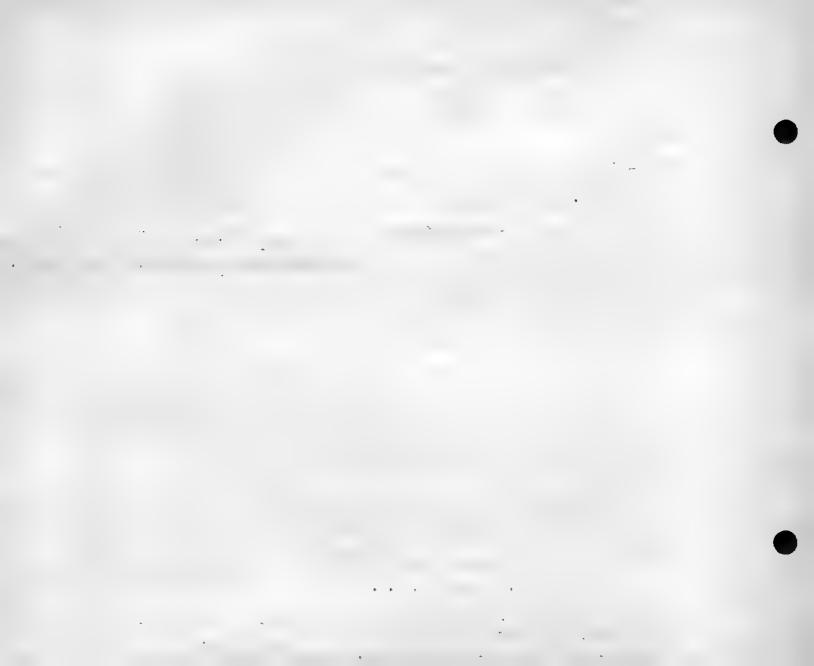
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16o. W	/AS DECEASED EVER IN U.S. ARMI	D FORCES? or dates of service) 220–54–6		Address Address Address	Mykesville Maryland
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st In	toting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
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CERTIFICAT			YES 🙀	OCAUSES OF DEATH?	reaction.
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蔥色	f either, natify medical examine	r) P.M. 1	9		
ų ot	wark of work	LACE OF INJURY (AT HOME, FARM, STREET FA OFFICE BUILDING, ETC			County State
2	2a. I certify that (I) (this	haspital) attended the deceas	ed fram 7-20-62,	19, ta <u>L=L=69</u> , 19 r) apinian death accurred an the d	9, that (I) (we) rast
	causes stated above,	(I) (we) (did) (did nat) view the	bady after death.	, A abunian asam accorreg an tus a	are and nour and fram the
2	26. SIGNATURE	00 10	ATTENDING -	MED STAFE 22c.	. DATE SIGNED
	12 10 m/10	Ch Jahr	DEGREE PHYS L	MED STAFF D PHYS	4-4-69
1	PAME (Type) SPA	c'for PAT		Tern Brane Hosp.	Sykesville, Md.
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		ry, Sr6411 Wine	Sor Milled DATE	Add I	rela ludge



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de d	1	Type or pant) CECIL	WALDO	SMOOT	APRIL 22,	1969 11:00
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TO HOSPITAL Page 4 may TO FUNERAL I durector, pag shauld be fill	230	BURIAL, CREMAT ON, 23b. DAT	E 23c NAME OF C	EMETERY OR CREMATORY	23d LOCAT ON (City or Jown)	(County) (Stote)
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	6			05293	DIVISION OF VITAL RECOR		RESTON STREET, BAL CATE OF DEATH	TIMORE, MARYLAND 21201	05285
	death,	dep#.		ECEASED NAME First Type or print)	Middle Mary Esos	Marie	Springirth	2g. DATE OF DEATH 4 Month 15 Do	Y69 Year 7:45 M
	be executed within 24 hours after death and completely filled in by the funeral e remove corbon papers. Pages I aid	evint, within 72 hours after	3 51	female	4 RACE white		S. DATE OF BIRTH 11/19/98	6 AGE (in years Lost builday) YRS.	F JNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MAN
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	OR ATTENDING PHYSICIAN: be retained by the hospital or DIRECTOR: After this certificate to 3 should be detoched for u	should be filed with the State Dept		causes stated above, c	haspital) attended the dece e an1/15/ k (we) (did) (dadaat) view t	ased from 1969, an he bady after	d that in (1894) (aur) ap death.	65 , ta <u>1/15/</u> , 19 inian death accurred an the da	
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				Burial Apr	il 18,1969 Bal		lational Cem.	Baltimore.	Maryland
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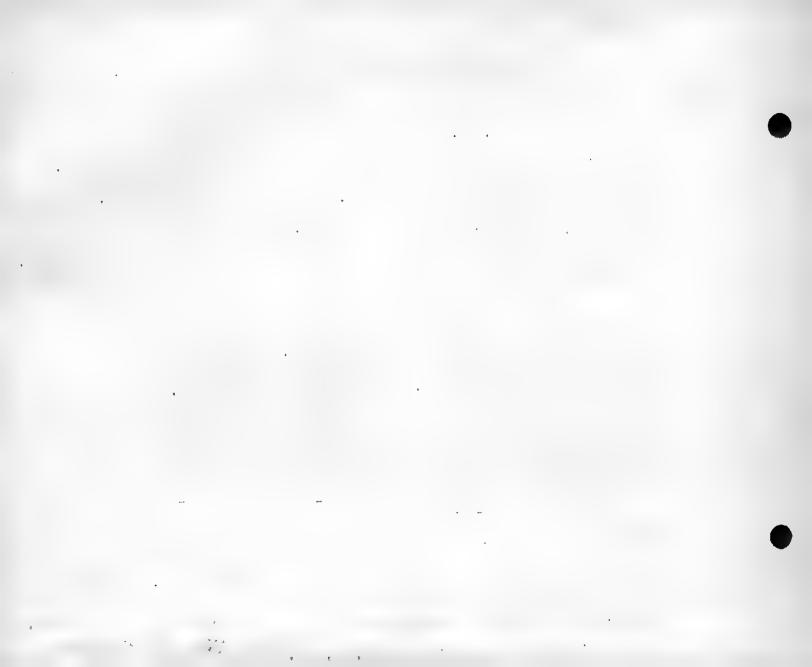


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05286 05294 CERTIFICATE OF DEATH DECEASED-NAMI First Middle Lost 2g. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death completely filled in by the funeral cove carban papers. Pagesary and y event, within 72 hours affer dear (Type or print) Study Emma J. April 4 RACE 3 SEX S. DATE OF BIRTH 6 AGE (In years IF LINDER , YEAR last b rthday) HOURS 6/28/1898 Female White 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) DIVORCED | Carroll Co. Md. U.S.A. WIDOWED [Carroll TO CITY OR TOWN OF DEATH Mailing NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast of warking life, even if retired)
Housewife-Housework please remove carban INDLSTRY Taneytown- Address' Littlestown, Pa. R.D.1 Own home 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13 CITY OR TOWN 3d MSIDE CITY LIANTS? 13e STREET AND NUMBER Mailing Address odmission) STATE Maryland 13b COUNTY Carroll Littlestewn. burial, cremation, ar remaval, and in any 14 FATHER'S NAME Last First Middle 15. MOTHER'S MAIDEN NAME First Middle physicion_and Eliza Messinger Unger Henry 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, ar unknown) (If yes give war or dates of service) 218-22-8057 Ralph W. Study, Littlestown, Pa. R. D. 1 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH Heart desere with PART I. DEATH WAS CAUSED BY burial-transit permit. IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to ammediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) attending as the 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING hos CAUSES OF DEATH? www YES [NO O for FUNERAL DIRECTOR: After this certificate had director, page 3 shauld be detached far use chould be filed with the State Dept. of Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CALISE OF DEATH HOUR A.M. -- Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram 0, 1962, ta 4, 1969, that (I) (we) last saw the deceased alive an 0, 26, 1969, and that in (my) (our) apinian death occurred an the date and haur and fram the causes stated abave, (1) (we) (did not) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR DEGREE 22d. PHYSICIAN S 22e. ADDRESS & HOY NAME (Type) Masi 23d. LOCATION (City or Town) 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23b. DATE (County) REMOVAL (Specify) Christ Church Cemetery Nr. Littlestown, Adams Co. Pa. 256. REGISTRAR S. SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15 (4) Littlestown, Pa 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



	1					EPARIMENT OF H			
1		05295	DIVISION OF VI				MORE, MARYLAND 21201	0,00	Q 19
	7 0				KIIFICA	TE OF DEATH		700	6.
		ECEASED-NAME First Type or print)		Middle		Lost	20. DATE OF DEATH DO	ny Year	2b. H030
	2 01		ge Herman	VON DREEL			April 1	1969	112 P M
3	3 SE		4 RACE		2	DATE OF BIRTH	6. AGE (n years last burthday)	MONTHS DAYS	HOURS MIN
]	2. (male	white			11-2-92	10 YRS		
	/o t	itry)	7b. CITIZEN OF WHAT			MEACK MONKLED SE	P. COUNTY OF DEATH		
	10.0	Maryland	U.S.A		WIDOWED [Carroll		Md.
		Sykesville	givastree	of Hospital or Insti- ingfield	State	Hospitating mo	CCCUPATION (Kind of work done st of work ng life, even if retired)		BUSINESS OR
2.4	, 3o. odmi	USUAL RESIDENCE (Where deceose ssion) STATE Maryland	d lived, if institution 13%, COUNTY	Residence before	Balto.	WN 13d INSIDE CTY LIN YES NO	The street this indimotity	St.	
		ATHERS NAME First	Middle	Lost	IS N	NOTHERS MAIDEN NAME FIR			Lost
1		John H. Vo	n Dreele			Katherine I	Lehr		
	16a Y	WAS DECEASED EVER IN U.S. ARM		SOCIAL SECURITY NO		PRMANT Records	Address ate Hospital, Sy	kesvill	e, Md.
		18 CAUSE OF DEATH (Enter onl	one couse per line h	ey (a), (b), and (c))				APPROXI	MATE INTERVAL DISET AND DEATH
		PART I DEATH WAS CAUSED	BY TE CAUSE (o)	heur v	Non	i a		A. em	to S
		4/25		CONSEQUENCE OF-		Cc			1
		Conditions, if any, which gove	(h)	my - 20	in	Macul.	Failure	400	Mh =
		nse to immediate couse (a), stating the underlying couse	DUE TO, OR AS A	CONSEQUENCE OF		- 1c	6.		2
		last	OLEX	LCUTO?		CC HCa	of fixers		
1		PART 2. OTHER SIGNIFICANT CON							
1	*	CBS with cere				h psychotic	reaction.		
	CERTIFICATION	190. DATE OF OPERATION 19b. (ONDITION FOR WHICH	OPERATION WAS PERFO	DRMED	20o AUTOPSY?	206 IF YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
1	RTIFI			<u> </u>		YES NO 12	CAUSES OF DEATH?		
	CAL CE	210. ACCIDENT WAS UNDERLYING	0.0	URY tonth Doy Year	21c HOW	INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2,	Item 18.)	
	ED C	(If either, notify medical examin	er) P.M.	19					
		of work of work				TION Street or R.F.D. No.	City or Tawn	County	State
		22a. I certify that (%) (this saw the deceased all	haspital) attend	ed the deceased	from	5-5-63 , 19	, to4=11=69, 19	, that	(We) last
		saw the deceased all causes stated above.					ian death accurred an the d	ate and hour	and from the
		22b. SIGNATURE	M (we) (ala) (as	mar) view me ba	uy uner dec	IIII.	22.	DATE SIGNED	
		:drail	X. /2	Chi c	O DÉGREE		RECTOR D STAFF D 4	111/6	4
/		22d. PHYSICIAN'S NAME (Type) GRE	ito V.	P478i	cio	Syke	ingfield State F esville, Marylar	lospital nd 21784	
ı	23o	BUR AL, CREMATION, 23b. D		23c NAME OF CEA	METERY OR CRI	MATORY	23d LOCATION (City or Town)	(County)	(Stote)
			74/69	Loudon	Park		Baltimore		Md.
1	24	FUNERAL DIRECTOR		ADDRESS	1-1	250 REED BY	REG STRAR 2Sb. REG STRAR	SIGNATURE	
ŧ	/-/	my with	n	7705 Ba	944 T	MADAN	T DEC TOWN	Land and	



			1		MAKTLAN DIVISION OF VITAL RECORDS,	201 W DECTON CT			4
	<u></u>			05296		CERTIFICATE OF			05288
+	- 7 de	′		(EASED NAME ype or print) George	Middle	Weitzel	2a. DA	ATE OF DEATH	25-HOUR 196901 10:30M
	the second		3 SE		4. RACE White	S DATE OF 8	IRTH	6 AGE (In years	FUNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS M.N.
	24 hours ad in by pers. Po		caur	" Unknown	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAI	RRIED 9. COUN	TY OF DEATH	Md.
10	e executed within 24 hg and completely filled in I remove corbon popers. n any event, within 72 hc		ľ	ITY OR TOWN OF DEATH Voodbine	11. NAME OF HOSPITAL OR IN: give street address)		120. USUAL OCCUP during most of wo VUTSING	ATION (Kind of work done irking life, even if retired) Home Owner	12b. KIND OF BUSINESS OR INDUSTRY
9/3/	posturicate be executed within the physician and completely filling the please remove carbon por navel, and in any event, within	x /	13o. admi	USUAL RESIDENCE (Where deceosed sisten) STATE Md.	d lived, if institution: Residence before 13b. COUNTY Carroll	Woodbine	YES NO YES	3e STREET AND NUMBER	
4.	be exe	1	14. F	ATHER'S NAME First	Middle Last Unknown	IS MOTHER'S M	AIDEN NAME First Unkn	Middle OWN	Last
	physician or please near please oval, and in		16a. Y	WAS DECEASED EVER IN U.S. ARME 110, ar unknown) (11 yes give wor	D FORCES? 16b. SOCIAL SECURITY In or dates of service) 216-05-	NO. 17. INFORMANT 1159 James	A. Hall,	Box 299 Rt	ville, Md.
	The low requires that the death attending physician. has been signed by the attendingse os the buriol-transit permit. Ith prior to burial, cremation, or rer			PART I. DEATH WAS CAUSED IMMEDIAT Conditions, if any, which gave itse to immediate couse (a), stating the underlying couse last.	one cause per line for (a), (b), and (c) BY. E CAUSE (a) COPORARY The DUE TO, OR AS A CONSEQUENCE OF (b) ARROWS M. DUE TO, OR AS A CONSEQUENCE OF (c) DITIONS CONTRIBUTING TO DEATH BUT NO	rombosis, ASF generalized	, questiona	ble abdominal	APPROXMATE INTERVAL BETWEEN ONSET AND DEATH 1960 April 1969
in the		X	CAL CERTIFICATION	21 o. ACCIDENT WAS UNDERLYING	HOUR A.M. Month Doy Year	YES] NO 🗆 (POD. IF YES, WERE FINDINGS CO CAUSES OF DEATH? Of injury in Port 1 or Port 2, In	
7	G PHYSICIAN: the hospital or this certificate detached for u		MEDICAL	While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY, 21f LOCATION Street		City or Town	County State
1,	TENDING ined by 1 DR: After ould be 1 the Stat			22a. I certify that (I) (this saw the deceased alicauses stated abave,	haspital) attended the decease ve an <u>April 9, 1</u> (I) (we) (did) (did nat) view the	ed, fram 1960 99, and that in (m bady after death.	, 19, to iy) (aur) apinian de	ath accurred an the dat	69, that (I) (we) last e and haur and fram the
	TO HOSPITAL OR ATTENDIN Page 4 may be retained by TO FUNERAL DIRECTOR: After director, page 3 should be > should be filed with the Star			22b SIGNATURE A 22 A 22d. PHYSICIAN'S	10 N 1'	DEGREE ATTENDII PHYS.	NG MED.		4/29/69
	FO HOSPITAL Poge 4 may TO FUNERAL I director, pog	/	99-	NAME (Type) Howai	rd E. Hall, M. D.		College Av	e. Sykesville	
	Poge To Figure of Short	Q		DEMOVAL (English)		d Sheppard	1	How	(County) (State)
	OM REV.	168	"C	· M. Waltz,	Box 241, Sykesy	ville, Md.			By Joseph :



MAKYLAND STATE DEPARTMENT OF HEALTH 05297 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05289 CERTIFICATE OF DEATH Lost Middle 2o. DATE OF DEATH 2b. HOUR funerol 11 and 2 rer deoth. 1. DECEASED-NAME Erst within 24 hours after death. (Type or print) WIMER S. DATE OF BIRTH 6 AGE (In years F JINDER 1 YEAR IF UNDER 24 HRS 3 SEX lost birthdoy) MONTHS ! DAYS AU6.27 #OURS YRS. 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF 9. COUNTY OF DEATH WHAT COUNTRY? 8. MARRIED T NEVER MARRIED country) complétely filled in 5.0 WIDOWED 7 DIVORCED [remove corban paper director, page 3 should be detoched for use as the buriol-tronsit permit. Then please feladore corbon paper Should be filed with the State Dept. of Heolth prior to buriol, cremation, or removal, ond in any event, within 72 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress). during most of working life, even if retired) 13e. STREET AND NUMBER 130 USJAL RESIDENCE (Where deceased lived, if institution, Residence before executed odmission) STATE 135 COUNT NO T Middle 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First P. O LEWIS The low requires that the death certificate be, PARSONG the attending physicion of sit permit. Then please 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT Yes, no, or unknown) 217-01-7204 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BETWEEN DINSET AND DEATH signed by the attendii buriol-tronsit permit. DUE TO, OR AS A CONSEQUENCE OF DSCLEROTIC CARDIOVASCULAR DIS Conditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse fost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospitol or ottending O FUNERAL DIRECTOR: After this certificate has been a 190. DATE OF OPERATION 20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? CAUSES OF DEATH? NO 🔲 YES 🖂 210, ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 1000 saw the deceased alive on 2119 94, and that in (my , 19*EC*, to *AVQLL*, 19*bQ*, that saw the deceased alive on APRIL 1964, and that in (my) (aur) apinion death accurred on the date and hour and fram the causes stated above, (1) (we) (did) (did not) view the body after death. 226 SIGNATUR DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. 22e. ADDRESS 22d. PHYSICIAN'S 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 23o. BUR AL CREMATION. 9 FUNERAL DIRECTOR 1969 30M REV. W 68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05290 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 20 DATE KNOWN (Type or Print) ESTI-DEATH MATED 6. AGE (In years 3. SEX 4. RACE DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Doy White Male Nov. 19, 1910 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED TINEVER MARRIED 9. COUNTY OF DEATH Countryland U.S.A. Carroll WIDOWED [DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 1D. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Maintenance Sho Westminster give street address) 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 136. COUNTY arrol. Westminster YES IN NO SE Route after 1 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME Lost George Wolf Lillie Noner Chief Medical Examiner pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, ne or unknown) 9-03-2136 Mrs. Rhoda V. Wolf within be executed 18. CAUSE OF DEATH (Enter only one couse per line for (of b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE Conditions, if any, which gove rise to immediate cause (a). should AUD DUE TO, OR AS A CONSCOUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remayal 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 210. EXTERNAL CAUSE WAS In TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection . Inquiry and in my opinion death resulted from: Naturo couses Accident Suicide X. Homicide Undetermined manner 22b. DATE SIGNED **EXAMINER'S** Glenn Speicher NAME (Type) 50 230. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) alleven 5/2/1969 Trinity Lutheran Carroll 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR M. Waltz, Box 241, Sykesville, Md. VR A15ME (5) 10M REV. 1/68

